FAMILY SERVICES	USER'S PROCEDURES MANUAL

ALABAMA CHILD WELFARE INFORMATION SYSTEM

TABLE OF CONTENTS

FOREWORD

The Alabama Child Welfare Information System (ACWIS) was developed to improve the quality of services to children. The Foster Care and Adoption components were developed first to meet Federal requirements and to provide management support. ACWIS became operational statewide in November 1983. It was reputed to have incorporated the best contemporary casework and management practices, for use by staff at all levels, with a particular emphasis on more effective permanency planning for children.

From the initial development until July 1989, ACWIS had 6 subsystems developed: Client, Provider, Support, Family Services System, Child Abuse/Neglect Central Registry and Targeted Case Management. In 2000, the Alabama Social Services Information System and Tracking (ASSIST) in its first phase replaced the Child Abuse/Neglect Central Registry.

The **ACWIS User's Procedures Manual** was designed for use by Family and Children's Services county staff and SDHR staff. It provides comprehensive data and instructional information on system development and procedures for correct form completion, and guidelines for interpretation. The contents of this manual include a general overview of ACWIS, a description of the components and flow of the overall system, with specific procedures for completing the necessary forms. Additionally, there is an explanation of each system screen, and each system management output report with guidelines for interpretation and suggestions for data utilization by service workers and management.

I.   GENERAL INFORMATION

A.   Background and Purpose of ACWIS

During the 1970's there was a growing national concern for the plight of children in foster care, including those awaiting adoptive placement. The concept of permanency planning was introduced to encourage the establishment and achievement of a permanent plan for each child in care.

In response to such concerns the State of Alabama developed the Alabama Child Welfare Information System (ACWIS) as a mechanism for improving child welfare services which became operational in November 1983.

ACWIS is directed toward improved management of child welfare programs in Alabama, particularly more effective permanency planning for children. It is a computerized client-oriented management information system designed for use by all levels of staff. The system incorporates the best contemporary casework and management practices and replaces many manual operations that are both tedious and inefficient.

The structure of the system includes:

1.   Computers in each County Office and in State Offices;

2.   Input documents by which staff provide information for the database; and

3.   A series of output reports which provide data on which caseworker and management decisions are based.

The system aids in decision making in four areas:

1.   Management decisions are aided by system-generated reports providing:

   a.   aggregate information on total number of children in care, available providers, and demographics on children; and

   b.   historical information on each case

2.   Service delivery decisions are aided by system-generated reports providing:

   a.   profiles of each child in care;

   b.   current information on available placement resources; and

   c.   caseload management information through automatic and caseworker requested reminders (ticklers)

3.   Fiscal management decisions are aided by system-generated reports providing information for:

    a.   assistance in the reimbursement process;

    b.   historical reviews of costs; and

    c.   budgeting.

4.   Policy decisions are aided by system-generated reports providing aggregate information for:

    a.   forecasts

    b.   trend analysis; and

    c.   planning.

B.   **Legal Base for ACWIS**

1.   Federal

The federal legal base for ACWIS is the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). This mandates the following:

    a.   Inventory of all children in foster case;

    b.   Case review system;

    c.   Services program to reunify or achieve other permanent placement; and

    d.   Statewide information system.

2.   State

The State of Alabama legal base for ACWIS is derived from the following:

    a.   The Child Care Act of 1971, now codified as Title 38, Chapter 7, Code of Alabama 1975

    b.   Title 38, Chapter 2 (6), Code of Alabama 1975.

    c.   Code of Alabama 1975, Section 38-7-15.

    d.   Code of Alabama 1975, Sections 12-15-1 through 12-15-120.

    e.   Code of Alabama 1975, Sections 44-2-20 through 44-2-26.

    f.   Code of Alabama 1975, Sections 26-10A-1 through 26-10A-38.

    g.   Code of Alabama 1975, Section 22-21-31.

    h.   Federal Court order and Judgement and also the Memorandum Opinion in Player, et al.v. State of Alabama, Department of Pensions and Security, et al. (M.D. Alabama 1975).

C.   **User's of ACWIS**

There are several types of users and a variety of ways in which they may benefit from the system.

1.   Service Workers:

   a.   Documents service plans;

   b.   Documents service delivery;

   c.   Documents progress of permanency planning for children;

   d.   Documents parental visits and other related events;

   e.   Documents child, legal parent and provider data;

   f.   Provides reminders for provider reapproval/relicense;

   g.   Indicates provider acceptance of special needs children;

   h.   Documents provider training

   i.   Provides information for matching children with Foster Care and Adoptive Resource providers;

   j.   Documents reimbursement information

   k.   Documents placement of children; and

   l.   Provides ticklers for actions due

2.   Service Supervisors:

   a.   Provides data for more equitable distribution of caseloads;

   b.   Provides a supervisory tool for evaluating service worker's productivity and identifying training needs;

   c.   Provides data for monitoring overall caseload activity;

   d.   Provides easy access to aggregate data for reporting;

   e.   Provides data for case staffing; and

   f.   Provides data for determining resource needs.

3.   County Directors

   a.   Provides aggregate data for statistical reporting and analysis;

   b.   Provides data for evaluating resource needs; and

   c.   Establishes fiscal accountability

4.   State Program Directors/ Family and Children's Services Staff

     a.   Provides aggregate data for statistical reporting and analysis'

     b.   Documents trends;

     c.   Provides data for identifying areas of staff training

     d.   Provides uniformly collected data for analysis on county and State basis;

     e.   Provides standardized statistics; and

     f.   Provides accessible sample bases.

D.   **ACWIS LOG ON PROCEEDURES**
ACWIS can be accessed by the using the log on procedures listed below:

1. Double click on the **Extra Session 1** icon on the Windows Desktop. **The State of Alabama – Finance – Information Services Division** logon screen opens.

2. Type in **DHRCICS** and press **ENTER**. The CICS screens open.

3. Press the **PAUSE** key found on upper right hand of the keyboard. The screen will be blank.

4. Type in **CESN** and press **ENTER**. The sign on for CICS Release will open.

5. Type in your **USER ID** and **PASSWORD**. Press **ENTER**. Sign on complete will appear on the upper left-hand corner of the screen and the screen will remain blank.

6. Type in **A400** and press **ENTER**. The ACWIS login screen will appear.

7. Type in your **SSN** and **PASSWORD**. Press **ENTER**. The ACWIS Master Menu will appear.

8. Press the **TAB** key or, use the Mouse, to position the cursor on the line next to the subsystem you would like to view. Place a {**X**} on the line and press **ENTER**. The selected subsystem's menu will open.

II.   SYSTEM DESIGN

A.   ACWIS Data Flow

The flow of ACWIS is achieved through:

1.   Forms are used for entry of data on child, legal parents, foster care providers and adoptive resources. Turnaround documents (TAD) contain the same information as entered on the forms. These are used to correct errors and update data.

2.   Screens provide ready access to current information on child, legal, parents, foster care providers and adoptive resources. Screens can be used for data entry, updating and inquiry.

3.   Printed output reports for various levels of staff are issued monthly, quarterly, semi-annually, annually, and on request. These reports include:

   a.   Specific reminders to staff of activities due;

   b.   Summary information on caseloads and available providers;

   c.   Aggregate data useful for managing the fiscal elements of foster care and adoptions.

B.   Subsystems of ACWIS

Currently ACWIS is composed of 4 subsystems: Client, Provider, Support, Payment, Family Services System, Child Abuse and Neglect Central Registry and Targeted Case Management Services. Information regarding Targeted Case Management Services and Family Service Systems is found in separate documents.   Information concerning the Family Services System is found in a separate document known as the **User's Guide for Family Services System** and Targeted Case Management Billing procedures and protocols can be accessed on the shared drive using F:\Shared\Fcs\Tcmman\Tcmman.doc.   The Child Abuse and Neglect Central Registry has now been replaced by ASSIST. Below is a summary of the Client, Provider, Support, and Payments subsystems.

1.   Client Subsystem

The client subsystem is designed to follow a child from entry into foster care to discharge. The primary emphasis is on permanency planning for each child.   Management reports focus on the progress of children toward their permanent plan. The monitoring

of permanency planning helps to ensure the development of time-limited and goal-oriented service delivery.

The primary components of the client subsystem are:

a.   **Child Data**

All children for whom the Department has custody/planning responsibility are registered on the ACWIS, as well as some children for whom we are making payments. This includes children in their own homes, with relatives, with unrelated caretakers in a court ordered placement, or in a foster care or adoptive resource. Essential information on each child is collected. Service workers receive monthly reports of their caseload activities with reminders (ticklers) or actions due/overdue based upon the permanent plan and routinely occurring events. Other reminders specific to a case are also included.

b.   **Legal Parent**

The system provides identifying data on the legal parent(s) of children in care. Contacts between child and legal parent(s) are documented. The system also identifies siblings known to ACWIS.

c.   **Referrals to Child Care Institutions and Group Homes**

All children referred by Department staff to Child Care Institutions and Group Homes (excluding shelters) are registered on ACWIS. These referrals are monitored through the disposition of the referral. This reporting is in compliance with the order and judgment in the Player vs. Department of Pensions and Security (1975) court case. Referrals made by other agencies in which the Department concurs in the planning and agrees to make payments are also registered on ACWIS.

d.   **Adoption Tracking**

Children placed for adoption are monitored from the date they are placed with an adoptive resource until the date of the final decree or the date the adoption disrupts. This includes monitoring the legal steps to the final decree.

2.   **Provider Subsystem**

ACWIS provides basic information on all foster care providers, adoptive resources, and child placing agencies. It provides a profile on their characteristics and their preferences for children.

The major components of the provider subsystem are:

a.   **Provider Data**

Information on childcare institutions, group homes, foster family homes, related homes, unrelated homes (court ordered) and child-placing agencies is registered on this subsystem. The status of a provider is monitored through the approval process.

The selection of a foster care provider is facilitated through a listing of providers by child specifications. ACWIS provides resource workers with monthly reports of activities that are necessary to monitor provider compliance with minimum standards of care. This type of reporting enables management to more effectively monitor placement and policy compliance. The system also has the capability of documenting how many and which children are placed with each provider.

b.   **Prospective Adoptive Resource**

All prospective adoptive resources are monitored from the date of inquiry until their application is withdrawn or disapproved, or, if approved, until the date of the final adoption decree. Information on the adoptive resources includes the prospective parents' characteristics, their status as an adoptive resource and their preference for a child.

A listing of adoptive resources by child specification facilitates the selection of adoptive parents for a child. This listing aids the Office of Adoption in selecting the most appropriate home for the child. Special needs children and adoptive parents who will accept them are emphasized in this component.

3.   **Support Subsystem**

The support subsystem controls access to ACWIS through the registration of authorized users and computer terminals. In addition, it provides State Office staff with the mechanism for deletion of erroneous data.

4. **Payment Subsystem**

The payment subsystem consists of the regular foster care board payments, difficulty of care payments (Level I and II), and telephone and mail allotments are generated by the payment subsystem. (Therapeutic foster care and medically fragile care are not made by the payment subsystem, although the foster care board payment for such children is made on the subpayment system). By utilizing information in Child Data and Provider Data components, payment information is generated monthly for verification by county staff.

C. **Security and Confidentiality**

ACWIS is designed with built-in procedures to insure security and confidentiality.

1. Policies of confidentiality assure that:

   a. Only data essential for effective decision-making is collected on children, legal parents, providers, and prospective adoptive parents;

   b. Unique information numbers (SSN and a system generated provider number) are used to keep data accurate and discrete;

   c. Data collected for planning, evaluation and research purposes is aggregated or summarized;

   d. The distribution of data in the form of reports and access to records through inquiry screens is limited to authorized users only.

2. The system's security procedures enforce the Departmental and Family Services Division policies of confidentiality, in that;
   a. Access to the system is based on a user password and social security number;

   b. ACWIS State Office staff oversees the security and maintenance of the system. Only this group and other selected State staff in the Family Services Division may gain access to all the records in the system.

3. Passwords are issued to authorized users as follows:

   a. A password of six characters (alpha and/or numbers) is selected by each individual;

   b. The worker's social security number and password must be keyed in when gaining access to the system; however, the password is never displayed on the screen;

   c. The password should not be revealed by the user;

d.   If the password is forgotten or compromised, it is to be reported to the State Office ACWIS staff and a new password will be recorded.

D.   **System Management**

The technical management of ACWIS is provided by the Center for Information Services which safeguards the system by monitoring:

1. Access to data;

2. Quality and consistency of data; and

3. The growth rate of the files in the computer.

Back Up and Recovery Procedures:

A back-up copy of the total data base is taken each day and also after each batch update program is run. Therefore, if a major system failure should occur the database would not lose more than one day's transactions. Only one day of data entry activity would need to be re-entered.

III.   ACWIS FORMS/TAD INSTRUCTIONS

A.   General Information

This chapter contains detailed instructions for completing and using the forms and turnaround documents for the Alabama Child Welfare Information System (ACWIS). These documents can be printed from the system and therefore copies are not being included in this manual.

Following is a set of general instructions that pertain to **all** forms and turnaround documents.

1.   Basic Rules and Information for Entering Data

    a.   Input forms are accessed by users directly from the Print Menu, located on the ACWIS Master Menu. From the Print Menu, select Print Input Forms and the Forms Menu will be displayed. Users may then enter the number of copies from one to nine that is desired for each of the forms listed. Multiple selections may be made simultaneously.

    b.   Print legibly.

    c.   Provide accurate and complete data. If information is not available at registration on the system, enter as soon as possible after the information is obtained.

    d.   Use red ball point pen to make corrections or updates on the turnaround documents.

    e.   If information is unknown or inapplicable, leave the field blank unless the data element has a value of "unknown."

    f.   Required data elements are marked with an asterisk in the **User's Procedures Manual.**

    g.   Enter lead zeros in fields with dates. Examples: 04/04/02

    h.   Enter lead zeros in fields with numbers such as Case Number, etc. Example: A case number of 26462 would be 0000026462.

2.   Routing Procedures:

    a.   Give one copy of form to the data entry operator (DEO). Keep one copy in the case record until the turnaround document is received.

    b.   Turnaround documents are printed immediately.

    c.   Updates/corrections to TAD's are handled in the same manner: Write in the update/change in red ink and submit for data entry. Retain new TAD in case record.

    d.   Attention should be given to run-dates on turnaround documents, reports, and display screen printouts; retain the most recent copy of each.

    e.   Follow all routing procedures for your county.

3.   Use of Turnaround Documents:

Once data on the forms is entered into ACWIS, the computer generates a Turnaround Document (TAD). The turnaround documents are similar to the forms and contain the same information. The turnaround document is a case record document and is used to correct errors, change or update data maintained in the data base. Only the most recent turnaround document is to be maintained in the case record. User's should review the TAD to assure the accuracy of recorded data. Errors should be corrected immediately. It may be necessary to contact the ACWIS Help Desk staff for assistance with error corrections.

RUN DATE: This is the date the computer prints the TAD. The TAD with the most recent run date contains the most current information and should be retained in the case record. All others may be destroyed.

ERRORS: If the system will not accept data due to errors, the DEO will return the form or the TAD to the worker with error fields circled in red. Make corrections and return to the DEO for data entry.

B.   Client Subsystem

1.   Child Data Form

The Child Data Form is used to monitor the movement of a child through the foster care system. Children who are to be registered include the following:

a.   Children in the legal custody of the Department placed in their own home, with relatives, in unrelated homes (court ordered) or in a foster care resource (includes all placement types shown on the Child Data Codes and Values sheet).

b.   Children in foster care on an Agreement for Foster Care. This includes children 18-20 who have voluntarily re-entered care on an Agreement for Foster Care.

c.   Children referred either into or out of Alabama for placement through the Interstate Compact on the Placement of Children (ICPC).

d.   Children in the custody of another agency/agent (Custody status 07) for whom the Department has payment responsibility and possible planning responsibility. This includes:

1.   The child of a foster child living in the same foster care facility as the foster child and receiving a IV-E board payment but the Department may not have custody or planning responsibility of the child of the foster child.

2.   Children requiring residential treatment that meet Department eligibility requirement and the ISP team concurs that the placement is the least restrictive alternative to meet the child's needs.

3.   Multi-needs children for whom the Department may have shared payment and planning responsibility.

The County Department having custody and/or planning responsibility for the child is responsible for registering and updating information on the system for that child.

The Child Data Form must be completed and information registered in the system within 2 working days after the child is placed in foster care or

within 2 working days after custody is awarded to the Department (whichever event occurs first). All other changes must also be entered within 2 working days of the event or activity.

The form is divided into four sections: basic child data, case data, eligibility/tickler data and placement data. Each data element is defined below. **Required data elements are indicated with an asterisk (*) in this manual.** Completion of these elements is necessary in order for the system to accept the data and register the child. Other applicable information that cannot be obtained prior to initial data entry can be left blank but should be completed as soon as the information is available.

SECTION A – BASIC CHILD DATA

*COUNTY: Enter the two digit county-code or appropriate State office code. (Refer to appendix for county codes)

*CASE NUMBER: using lead zeros to fill all spaces, enter the county case number, (Do not include an alpha prefix.)

*SUPERVISOR NUMBER: Enter the two digit number assigned to the worker's supervisor by the County Director.

*WORKER SSN/NAME: Enter the worker's social security number. The system will automatically enter the name once request is processed.

RESTRICTION INDICATOR: If access to the case is to be limited due to its confidential nature enter Y (yes). Leave the field blank if the case is not restricted; the system will generate the code N (no).

*CHILD NAME: Enter the child's last name, first, and middle names. The last and first names are required in order to register the child. Do not enter Jr., Sr., III, or non alphabetic characters. Exception: The last name for a child may be hyphenated, such as *Taylor-Smith*. No spaces may be entered.

A foundling for whom no name may be obtained may be registered with the last name of "infant" and the first name of "Male" or "Female."

AKA NAMES: Enter last, first and middle names by which a child may also be known. Up to two aliases may be entered. Do not enter Jr., Sr., III, or non-alphabetic characters.

Note: To change or correct a child's primary name, use the following steps:

a. Using the action code "A", enter the correct name in the AKA field.

b. When step a. has been processed (updated), enter on the new TAD the code "P" in the action field to the left of the AKA which was added in step a.

c. When this action has been processed, the name in the AKA field will be switched to the primary name field. The name that was in the primary name field will be switched to the AKA field. If you want the name in the   AKA field deleted, call ACWIS Helpdesk.

SOCIAL SECURITY NUMBER: Enter the child's Social Security Number. Leave the field blank if the child does not have a SSN, and the system will automatically assign a temporary number. A temporary number consist of nine digits; it begins with the number "9" and ends with the number "3". The Social Security Number should be obtained and entered as soon as possible. If the SSN is not entered within 6 months after the child is admitted to care, an alert notice will be generated on the Action/Exception/Alert Report (PSCB425A).

*BIRTHDATE: Enter the child's complete date of birth (MM/DD/YY). If unknown, enter date based on child's age and correct as soon as birth date is known.

*SEX: Enter the one character alpha code for the sex of the child.

M – Male

F – Female

U – Unknown

*ETHNICITY: Enter the two-digit character alpha code for the ethnicity of the child. Refer to Ethnicity Codes and Value Sheet listed in the Appendix Section.

Note: The worker **must ask** what ethnicity the child identifies with and **must ask** if there are more than one. "**Unknown/ Unable to Determine**" can only be used if the child was abandoned or if the parent of the child is unwilling to identify the child's ethnicity.

SPECIAL NEEDS: Enter the two-digit code(s) that identifies the child's special needs. Up to 6 special needs may be registered for a child. Multiple special needs are to be entered in order of priority with the special need of greatest significance entered first. At least one special need code should be entered for a child; however, if no code is entered, the system will default to 17 – Clinical Assessment has not been Determined.

01	-	Diagnosed Mental Retardation – Mild
02	-	Diagnosed Mental Retardation – Moderate
03	-	Diagnosed Mental Retardation – Severe
04	-	Diagnosed Mental Retardation – Profound
05	-	Diagnosed Emotionally Disturbed
06	-	Physically Handicapped
07	-	Pronounced Behavioral Problems – Adjudicated CHINS
08	-	Pronounced Behavioral Problems – Adjudicated Delinquent
09	-	Pronounced Behavioral Problems – Not Adjudicated
10	-	Pronounced Behavioral Problems – Other
11	-	Unfamiliar with American Culture or Language
12	-	Sibling Group (over 3)
13	-	Blind or Visually Impaired
14	-	Deaf or Hearing Impaired
15	-	Other Medically Diagnosed Condition Requiring Special Care
16	-	Clinical Assessment Determined No Disability
17	-	Clinical Assessment has not been Determined
18	-	Severely Emotional Behaviorally Disturbed (SEBD)
19	-	Needs Special Education Services
20	-	Receiving Special Education Services
21	-	Reading Below Grade Level
22	-	Child in Need of Therapeutic Foster Care
23	-	Post Secondary Education
24	-	Medically Fragile Care
25	-	High Risk Background

Except for Sibling Group (12) and High-Risk Background (25), the special needs are defined in Volume II, **Family and Children's Services Manual**, Chapter XI, Section IX-B. Specialized Foster Home Care for Children. Sibling group is defined as more than three siblings in foster care and High Risk Background (25) is used for children who are currently healthy but may be at risk of developing physical or emotional problems later in life due to a birth family history of mental and physical disabilities. Examples may include but not be limited to children born cocaine positive at birth or children with a pattern of mental illness or mental retardation in

the family. The High-Risk Background category is to be used when no other special needs apply to the child (ren).

Children in residential treatment facilities and children for whom a difficulty of care level 1 payment has been initiated must have a special need code registered other than code 12 – Sibling Group (over 3).

Note: The child's primary special need must be entered first.

SECTION B – CASE DATA

*ADMISSION REASON: Enter the two digit code indicating the primary reason for the child's admission to foster care or the reason the child's custody was awarded to the County Department. Adoption Disruption (04) is entered as the reason for admission only for children in the permanent custody of the Department whose adoptive placement disrupted prior to the issuance of the final decree.

01	-	Request of Parent
02	-	Alleged Physical Abuse
03	-	Alleged Neglect
04	-	Adoption Disruption
05	-	Relinquishment
06	-	Alleged Sexual Abuse
07	-	Alleged Emotional Abuse
08	-	Alcohol Abuse Parent/Caretaker
09	-	Alcohol Abuse Child
10	-	Drug Abuse Parent/Caretaker
11	-	Drug Abuse Child
12	-	Child's Disability
13	-	Child's Behavior Problem
14	-	Death of Parents/Caretaker
15	-	Incarceration of Parent(s)/Caretaker(s)
16	-	Parent(s)/Caretaker(s) Inability to Cope Due to Illness or Other Related Reasons
17	-	Abandonment
18	-	Inadequate Housing
19	-	Safe haven for Newborns

*PRIOR CARETAKER: Enter the two character alpha code to specify the adult who was providing care for the child at the time the child was placed in foster care. If the child is placed in the custody of the County Department but remains in the home of the parents or relatives, enter the code to indicate the caretaker at the time of transfer of custody.

B - Both Parents
M - Mother
F - Father
O - Other Relative
U - Unrelated
N - None

*CUSTODY STATUS: Enter the two-digit code for court or voluntary authorization for child's placement in the Department's care.

01 - Temporary – County
02 - Permanent – State
04 - Relieved of Custody/Responsibility
05 - Agreement for Foster Care
06 - Summary Removal
07 - Custody of Another Agency/Agent

Most codes are self-explanatory. "Custody of Another Agency/Agent" (07) is used to specify:

a.   a child in the custody of another state who is placed in Alabama through ICPC;

b.   a child in the custody of another agency/agent for whom DHR has payment or planning responsibility such as a child, referred by the juvenile probation officer, who requires residential treatment, meets the eligibility criteria (Title XX), and the ISP team concurs that the placement is the least restrictive;

c.   the child of a foster child living in the same foster care facility as the foster child and receiving a IV-E board payment but the Department may not have custody or planning responsibility of the child of the foster child; or

d.   a child who is a multi-needs child for whom the Department is sharing in placement costs or services.

Note: When a child is discharged, custody status must be updated to show that the Department has been relieved of custody or planning/payment responsibility (Code 04). The exception to this is a child (ren) in the permanent custody of the State Department of Human Resources who have a permanent plan of adoption. The custody status for these children is not changed (Refer to the instruction for Date and Change Reason in Section D – Placement Data).

If Code 06 (Summary Removal) is used as a custody code status it is important for the worker to update the code 06 to code 01 (Temporary Custody) once the court has granted Temporary Custody.

References in this section to Action/Exception/Alert notices do **not** apply to children in the custody of another agency/agent (07).

CUSTODY STATUS DATE: Enter the effective date (MM/DD/YY) of custody status. **Note**: A child's initial custody status date and initial placement date must be the same.

AGREEMENT FOR FOSTER CARE EXPIRES: If the Custody Status is 05, Agreement for Foster Care, enter the date (MM/DD/YY) the Agreement for Foster Care (DHR-DFC-731) will expire. The date entered in this field cannot be greater than 180 days from the date the Agreement for Foster Care was effective (Custody Status Date). A notice will appear on the Action/Exception/Alert Report (PSCWB425A) reminding the worker of the date the Agreement for Foster Care will expire.

ANTICIPATED FOSTER CARE DISCHARGE: Enter the date (MM/YY) that the permanency goal is expected to be achieved (i.e., the date it is anticipated the child will be returned to parents, placed for adoption, etc.). If the child is in the custody of the Department but is in the home of the parents or relatives (not Related Foster Family Care), this field may be used to indicate the date the Department is expected to be relieved of custody.

PERMANENCY GOALS: The following permanency goals have been developed to reflect the Department's work to achieve permanency in the lives of children as well as meeting the requirements of the Adoption and Safe Families Act (ASFA) of 1997, P. L. 105.89. Enter the two-digit code to reflect the permanency goal for the child:

01 -   **Return To Parent** – The plan is for legal custody of the child to be returned to one or both parents. Permanency is **achieved** when legal custody is returned to the parent.

02 -   **Permanent Relative Placement With Transfer Of Custody To The Relative** – This goal is intended to be permanent and self-sustaining. It does not preclude consideration of legalizing the placement through adoption. The custody transfer provides the relative with the authority and responsibility to protect, educate, provide care and control, and make decisions for the child, but it does not require termination of parental rights.   The relative must be willing to accept custody with the understanding that a home will be provided for the child until adulthood.

Written documentation of the relative's long-term commitment and ability to meet the child's needs must be provided to the court. According to ASFA regulations, this date may not exceed 12 months from the date the child entered care. Permanency is **achieved** when legal custody is granted to the relative.

03 -   **Adoption With No Identified Resource** – This permanency goal or concurrent plan must be identified in the ISP meeting and the target date must be specified in the written ISP document. A TPR petition may be filed at anytime the ISP team determines it is in the best interest of the child. If there has been a judicial determination that the child is abandoned or a parent has been convicted of certain felonies, DHR child welfare staff must file a TPR petition within **60 days** of that determination

04 -   **Long Term Foster Care** – The plan is for the child to remain in foster care until ready for Independent Living. (**DISABLED AS OF AUGUST 1, 2003**)

05 -   **Adult Custodial Care** –This permanency goal may be used for physically or mentally disabled children for whom it appears supervision and care will always be needed. In these cases, *Smooth Transitions into Adulthood Policy* must be followed. "Adult Custodial Care" must include transition to DHR's Adult Services Program or another agency's service system. Permanency is achieved when the ISP team determines that reunification, adoption or permanent placement with a relative (with or without transfer of custody) is not appropriate due to the physical or mental disability of the child, and it is documented that custodial care will be needed into adulthood.

06 -   **Another Planned Permanent Living Arrangement, Court Approved** – This permanency goal requires court approval / concurrence, and should be used **only in very rare, unusual** circumstances. It may be used for older youth when all other permanency goals have been explored and ruled our by the ISP Team. Permanency is considered **achieved** when the court concurs, in a written order, that, due to a compelling reason, there is no other, more desirable, appropriate plan/goal.

07 -   **Adoption By Current Foster Parent** – This goal requires the filing of a TPR petition. The petition may be filed once there has been a judicial finding that reasonable efforts have been made or are not required, and the ISP Team determines that it is in the child's best interest. Permanency is **achieved** when the judge signs the final decree of adoption which should be within 24 months of the child's entry into care in order to meet ASFA timelines.

08 -**Permanent Relative Placement With DHR Retaining Custody** – This permanency goal includes situations where a relative is willing to care for a child until adulthood, but DHR retains legal custody and

financial responsibility for the child. This permanency goal must not be selected until other higher priority permanency goals are explored by the ISP Team and determined <u>not</u> to be in the child's best interest. Consideration must also be given to transferring legal custody to this relative. The **reasons** why this relative is unable to be the child's legal custodian must be thoroughly documented, and the court must make a determination that "Permanent Relative Placement With DHR Retaining Custody" is the best plan for this child due to the long-term commitment and desire of the relative to meet the child's needs. Permanency is **achieved** when the court approves the permanency plan and names the relatives in a written court order.

PERMANENCY GOALS ESTABLISHED: Enter the date (MM/DD/YY) that the permanency plan was established. This plan must be developed no later than 30 days after the child is initially placed; otherwise an exception will appear on the worker's Action/Exception/Alert Report **(PSCWB425A)**. The permanency plan may be updated as needed.

<u>Note</u>: The ACWIS permanency goal code must correspond to the established permanency goal for each child.

CONCURRENT PLANNING GOALS: Concurrent planning goals are the same as the permanency goals. The following concurrent goals have been established to reflect the Department's work to achieve permanency in the lives of children as well as meeting the requirements of the Adoption and Safe Families Act (ASFA) of 1997, P. L. 105.89. Enter the two-digit code to reflect the permanency goal for the child:

01 - Return to Parent

02 - Permanent Relative Placement with Transfer of Custody to the Relative

03 - Adoption with No Identified Resource

04 - Long Term Foster Care **DISABLED effective August 1, 2003**

05 - Adult Custodial Care

06 - Another Planned Permanent Living Arrangement, Court Approved

07 - Adoption by Current Foster Parent

08 - Permanent Relative Placement with DHR Retaining Custody

CONCURRENT GOALS ESTABLISHED: Enter the date (MM/DD/YY) that the concurrent plan was established. The concurrent plan may be updated as needed.

Note: A Compelling Reason and Compelling reason date can not be entered when the permanency goal is 03 (Adoption with No Identified Resource) or 07 (Foster Parent Adoption) because it conflicts with the goal of adoption. It is required that a termination of parental rights petition be filed with the court in order to pursue permanency through adoption or a determination must be made that there is compelling reason for the child to remain in foster care beyond the 15 month requirements.

MEDICAL EXAM DATE: Enter the date (MM/DD/YY) of the child's most current complete physical examination, including EPSDT. If the child had a medical within 90 days prior to placement, that date may be entered; otherwise the child's initial medical is to be completed within 10 days after the child is placed. Medical exams are due every 12 months from the date entered in this field. Notices are sent on the worker's Action/Exception/Alert Report **(PSCWB425A)**. Such notices are not generated on children whose current placement type is Own Home (01), Related Home (02), Runaway Status (15), or Custody of Another Agent/Agency (07).

ANOTHER PERMANENT PLANNED LIVING ARRANGEMENT: If applicable, enter the date (MM/DD/YY) the Long-Term Foster Care Agreement (Planned Permanent Living Arrangement Agreement (DHR-FCS-807) was signed. If the parties sign the agreement on different dates, enter the date of the last signature. This field is completed only if the permanency plan for the child is Another Planned Permanent Living Arrangement (APPLA)(06).

PARENTAL RIGHTS TERMINATED: If applicable, enter the date (MM/DD/YY) parental rights were terminated by the court. If the rights of the mother and father were terminated on different dates, enter only the last date.

CASE PLAN/ ISP DATE: Enter the most recent ISP (Individualized Service Plan) date (MM/DD/YY). This date should be the same as the date in the case record.

CASE PLAN/ ISP NEXT REVIEW: Enter the future date that the ISP is to be reviewed. This date cannot be greater than 6 months from the current ISP date. The worker has the option of leaving the field blank and the system will automatically enter a date that is 6 months after the ISP date. Notice of the next ISP review date will appear on the worker's Action/Exception/Alert Report **(PSCWB425A)**.

ADMINISTRATIVE/ JUDICIAL REVIEW: Enter the most recent date (MM/DD/YY) that either the Administrative or Judicial Review was held. Administrative/Judicial reviews are due six months after entry into care

and every six months thereafter. Notice of next review date will appear on the worker's Action/Exception/Alert Report **(PSCWB425A)**.

PERMANENCY HEARING: Enter the most recent date (MM/DD/YY) the permanency hearing was held. Permanency hearings are required every 12 months. Notice of the next permanency hearing will appear on the worker's Action/Exception/Alert Report **(PSCWB425A)**.

COMPELLING REASON: Workers will receive notice on their Monthly Worker Action & Exception Report to terminate parental rights after a child has been in out-of-home care 15 out of the most recent 22 months. (Notices are generated at the 13th month to allow lead time for the county). Enter a Y if there is a compelling reason **not** to terminate parental rights. Enter a N if there is no compelling reason to terminate parental rights.

COMPELLING REASON DATE: Enter the date (MM/DD/YY) that corresponds to the date that the compelling reason was determined.
Note: If there has been a Y entered in the Compelling Reason field and the situation changes, add the new information (N) and the date for the new entry. A history is created.

TPR PETITION DATE: Enter the date that the petition to terminate parental rights was filed. **Note**: If a **Y** is in the compelling reason field, this must be changed to **N** before entering a TPR Petition date.

SECTION C – ELIGIBILITY/TICKLER DATA

MEDICAID CATEGORY: A four character code is used to identify the child's category of Medicaid eligibility:

ACFC	-	State Funded Foster Care Medicaid
IV-E	-	Federally Funded Foster Care Medicaid
TERM	-	Terminated from ACFC or IV-E Foster Care Medicaid.

The initial entry in this field must be ACFC or IV-E. An entry is made only when DHR certifies that the child is eligible for Medicaid. This includes children from other states placed in Alabama through ICPC who are certified as category IV-E Medicaid.

The Medicaid Category and Medicaid Determination fields are initially entered by the Office of Child Welfare Eligibility (OCWE). The Medicaid certification by the OCWE is transmitted daily to the Alabama Medicaid Agency. Errors noted by the county concerning the Medicaid eligibility of a child must be addressed to the (OCWE). ACWIS staff may assist with corrections to Child Data as needed.

When a child in foster care whose Medicaid Category is ACFC or IV-E is Returned Home (Placement type 01), Placed with Relatives (02), Placed in Unrelated (Court Ordered) (23), or Discharged (99), the county department must update the Medicaid Category to TERM before these placement types can be entered. TERM is the only code that the county is allowed to enter in the Medicaid Category field.

Notices of next redetermination of Medicaid eligibility will appear on the worker's Action/Exception/Alert Report **(PSCWB425A)**.

EPSDT INDICATOR: Enter an "X" in this field to refer the child for Medicaid screening (EPSDT). An entry can only be made if the child's Medicaid Category is ACFC or IV-E.

EPSDT PROVIDER: If an "X" is entered in the EPSDT indicator field, enter the four-digit code of the EPSDT provider to which the child is to be referred for screening.

Note: EPSDT provider numbers can be accessed through the computer terminal. After signing on to DHR-CIS, enter MSEPI followed by a comma (,) and the two digit county code (Example: MSEPI, 01). Press the enter key. To inquire about out of state providers, enter MSEPI,99 and press the enter key.

Note: Action codes are not used to enter or update the data fields for Medicaid Redetermination Date, EPSDT Indicator or EPSDT Provider.

PAYMENT CATEGORY: A four character code is used to identify the funding source of a child's foster care board payment:

IV-E	-	Federally Funded Foster Care Board Payments
ACFC	-	State Funded Foster Care Board Payments
TERM	-	The child has been discharged from care; is in a placement that does not receive a board payment, or has own income used to make board payment.

The Office of Child Welfare Eligibility (OCWE) initially enters this information. While a child is in a placement that receives a board payment, the OCWE will update any changes in the payment field. If a child is discharged from care or enters a placement type 01, 02 or 23, the county department will be required to enter a TERM in this field before entering information in the placement field.

INCOME SOURCE: Enter the two digit code for the type of monthly income the child receives which is to be applied toward the cost of board. Up to 4 sources of income can be entered. Leave blank if the child does not have income. The difficulty of Care Payments, Telephone and Mail Allotment and the State Supplementation payments are **not** to be shown as income.

     01 - VA
     02 - RSDI
     03 - Black Lung
     04 - Railroad Retirement
     05 - SSI
     06 - Court Ordered Child Support
     07- Voluntary Child Support
     08- Earned Income
     77 - Other
     99 - None

AMOUNT: Enter the amount of the monthly income for each source specified in the Income Source Field.

INITIATED: Enter date (MM/DD/YY) the child began receiving the income or the date the child entered care, whichever is greater.

TERMINATED: Enter date (MM/DD/YY) the income is terminated.

Note: If the monthly income increases or decreases, enter new amount and the date the new rate begins. Income must be terminated before a discharge can be processed.

TICKLER DATE/ACTIVITY: **Date**: Enter the date (MM/DD/YY) of an activity for which the worker wants a reminder. **Activity**: Enter a specific activity for which a worker wants a reminder such as for a medical appointment or a scheduled visit of the child with his parents. The reminder notice will appear on the worker's Action/Exception/Alert Report **(PSCWB425A)**.

SECTION D - PLACEMENT DATA

The fields for Date, Placement Type, Provider Number, Regular Board Indicator and ICPC Indicator are used to register a child's initial placement. These fields on TADS must always reflect the child's current placement. A county can make an error correction only on the most current placement. If there are errors in prior placements, the worker must contact ACWIS Helpdesk for corrections to be made.

*DATE OF PLACEMENT: Enter the date (MM/DD/YY) the child was initially placed in foster care. If the Department is given custody or assumes responsibility for a child who remains in his own home or is placed with relatives, enter the date the Department was given custody/responsibility.

Note: A child's initial placement date and the initial custody status date in Section B- Case Data must be the same.

*PLACEMENT TYPE: Enter the two digit code for type of placement:

01	-	Own Home
02	-	Related Home
03	-	Foster Family Boarding Home
04	-	Foster Family Free Home
05	-	Foster Family Related Home
06	-	Group Home
07	-	Group Home/Shelter
08	-	Child Care Institution
09	-	Child Care Institution/Shelter
10	-	DYS Operated or Licensed Facility
11	-	MH Operated or Licensed Facility
12	-	Maternity Home
13	-	Nursing Home
15	-	Runaway Status
16	-	Out of State Residential Treatment Facility
17	-	Hospital
18	-	School/Foster Home
21	-	Independent Living
22	-	Therapeutic Foster Home
23	-	Unrelated Home (Court Ordered)
24	-	Psychiatric Hospital
26	-	Transitional Living
77	-	Other
99	-	Discharge (System Generated)

Use "**Hospital**" (17) as the placement type for all hospital placements **except** psychiatric hospitals.

"Psychiatric Hospital" (24) is used if the child is placed in a psychiatric hospital, or a psychiatric ward of a general hospital. **Psychiatric hospital placements must be kept current and accurate on ACWIS**. The psychiatric hospital placement must be entered on ACWIS regardless of whether payment is being continued to the foster home because the plan is for the child to return to the foster home. When the child is discharged from the psychiatric hospital placement, ACWIS must be updated to reflect the placement in the foster home.

"School/Foster Home" (18) is used for a child who resides at a college or school, such as Talladega School for Blind and Deaf, and is in a foster care facility during holidays/weekends, etc.

When registering or updating a youth in the custody of the Department of Human Resources that is or will be attending a post secondary school, college or university a placement type of 77 should be used. The corresponding provider number for Post Secondary Education is 038904. This number will apply to all post secondary educational facilities.

"Independent Living" (21) is used for children age 18 or over in the custody of the Department who are self-supporting and reside on their own, apart from foster care or family. This would be an appropriate placement type for a child 18 or over who is attending a college/university and is not residing in school/foster home placement.

"Transitional Living" (26) is used for children age 17 to 20 in an effort to provide them with opportunities to practice Independent Living skills in a variety of on campus settings with decreasing degrees of care and supervision.

PROVIDER NUMBER: Enter the provider's six-digit code that was assigned by the system when the provider was registered. The provider number can be accessed by inquiry through the ACWIS Provider System. The provider number for providers other than foster family homes, related homes and unrelated homes (court ordered) can also be obtained from the quarterly ACWIS report, Institution/Group Home List **(PSCWB293A)**.

For children who are placed in city/county jails or in out- of- state hospitals, use the following provider numbers:

> **006830** - City/County Jails (Placement type – 77)
>
> **012482** - Hospitals - Out of State (Placement type –
> - 17)

Do not enter a provider number if the child's placement is own home (01), lives independently (21) or is in runaway status (15).

If a child in the custody/responsibility of DHR is placed in a foster home approved by another agency (for example, AGAPE), the county using the home for a placement should determine if the provider is already registered and if so, use the existing provider number. If the provider is not registered, the county office is to contact the Office of Resource

Development and Licensing in the Family Services Partnership and request that the provider be registered.

REGULAR BOARD INDICATOR: Enter Y (Yes) or N (No) to indicate whether the board rate paid to a provider is to be the basic/regular board (core rate). **Note**: If a child's SSI is less than the amount of the board payment than enter Y (Yes) and if the board payment is more than the regular board amount enter N (No).

ICPC INDICATOR: Enter Y (Yes) to show that the child's placement was made through Interstate Compact. This includes: (1) the placement in Alabama of a child in the custody of an agency in another state and (2) the placement of a child in the custody of DHR who is placed in foster care or with parents/relatives out of state. If no entry is made in this field, the system will automatically enter N (No).

DIFFICULTY OF CARE LEVEL #1: *Initiated*: Enter the date (MM/DD/YY) that a child in foster care is determined to be eligible to receive the difficulty of care level #1 payment. Leave blank if the child is not eligible for this payment. *Terminated*: Enter the date (MM/DD/YY) that the difficulty of care level #1 payment is terminated. Leave blank until the difficulty of care level #1 payment is terminated.
Note: The difficulty of care level #1 payment can not be initiated unless a special need code other than 12 is entered in the special needs field.

DIFFICULTY OF CARE LEVEL #2: *Initiated*: Enter the date (MM/DD/YY) that a child in a foster family home is determined to be eligible to receive the difficulty of care level #2 payment. Leave blank if the child is not eligible for this payment. *Terminated*: Enter the date (MM/DD/YY) that the difficulty of care level #2 payment is terminated. Leave blank until the difficulty of care level #2 payment is terminated.

TELEPHONE/MAIL ALLOTMENT: *Initiated*: Enter the date (MM/DD/YY) that a child in a foster family home is determined to be eligible to receive the telephone/mail allotment. Leave blank if the child is not eligible to receive this allotment. *Terminated*: Enter the date (MM/DD/YY) that the telephone/mail allotment is terminated. Leave blank until the telephone/mail allotment is terminated.

Any payment or allotment initiated for the current placement must be terminated before a subsequent placement can be entered. The terminated date must be greater than initiated date, and must be equal to or less than the subsequent placement date.

The payment or allotment initiated date must be equal to or greater than the date of placement for which the payment or allotment is authorized.

Child Data Turnaround Document

A Child Data Turnaround Document is automatically generated in the county office when a child is initially registered and when information is updated. The worker should proof read the TAD to assure that the information is correct. A copy of the most current TAD should be retained in the case record.

To add or correct data, cross out old or erroneous data with a red pen and enter any corrections or update information according to instructions for the Child Data Form. Action codes to indicate "Add New Data" and "Error Correction" are shown on the form.

In Section D – Placement Data, the first set of fields for date, placement type, provider number and ICPC indicator on the TAD always indicate the most recent placement that was entered for the child. The second set of fields on the TAD are used to update a child's movement or to enter discharge. They are always blank on the Turnaround document. To show a change in a child's placement, enter "A" (Add) in the action code field. To show a child is being discharged, Enter "D" (discharge) in the Action Code Field.

DATE: Enter the date (MM/DD/YY) for the change in placement or discharge. The date of discharge is the date DHR was relieved of custody or responsibility, the date another agency's child was removed, or the date a child in SDHR permanent custody was placed for adoption.

For a child in permanent custody of SDHR or relinquished to DHR who is placed for adoption, the discharge date is the date the Adoptive Home Placement Agreement (DHR-DFC-1365) was signed. If there is a question about the discharge date the worker should contact the Office of Adoption.

PLACEMENT TYPE: Enter the two-digit code for type of placement. Refer to Placement Types listed in the ACWIS User manual in Chapter III, Section D (Placement Data) on page 15. Also it can be referenced on the Child Data Codes and Values sheet. This field is not completed when a child is discharged.

PROVIDER NUMBER: Refer to the instructions above for Provider Number. Do not enter a provider number on discharge cases. Write in the name of the provider to the right of the provider number for the DEO's information. The provider name will be automatically generated from the provider number on the TAD.

REGULAR BOARD INDICATOR: Enter Y (Yes) or N (No) to indicate whether the regular board rate paid to a provider is to be the basic/regular board (core rate). **Note**: If a child's SSI is less than the amount of the board payment than enter Y (Yes) and if the board payment is more than the regular board amount enter N (No).

ICPC INDICATOR: See instructions above for ICPC Indicator.

CHANGE REASON: Enter the two-digit code to indicate the reason for a child's change in placement or discharge:

01	-	Returned to Parent(s)/ Caretaker(s)
02	-	Placed with Relatives
03	-	Adoptive Placement (Permanent Custody)
04	-	Emancipation
05	-	Death
06	-	Runaway
07	-	Custody Placed with Another Agency/Agent
08	-	Provider Request
09	-	Adult Custodial Care
10	-	Casework Decision
11	-	Provider Closed
12	-	Another Agency's/Agent's Child Removed
13	-	Change in Placement Type – No movement
14	-	Adoptive Placement (Relinquishment)
77	-	Other

For discharge cases, the following codes are **not** to be used: Provider Request (08), Casework Decision (10), Provider Closed (11), Change in Placement Type – No Movement (13), or Other (77).

Emancipation (04) may be used as a discharge reason for children 19 years of age or older or by court order.

Children who are in permanent custody of DHR may be discharged by counties only if the child is placed for adoption (03). To discharge children in the permanent custody of DHR for other reasons, submit a copy of the court order which shows DHR has been relieved of custody to the Office of Adoption along with the request that the child be discharged on ACWIS. The discharge will be completed by the State Office. The county should, however, terminate the Medicaid category for a child with active Medicaid prior to submitting the request for discharge to the Office of Adoption.

Accuracy in completing the placement data is extremely important. Errors in the current placement data can be corrected by the county, but any

change in the child's prior placement has to be made by the ACWIS Help Desk. If while entering data, the DEO receives a screen message System Error or ABEND, print a copy of the screen and call ACWIS Help Desk immediately. These are, in most cases, serious problems that must be dealt with at the time they occur.

2.   **LEGAL PARENT FORM**

The Legal Parent Form is completed at the time of the child's registration on the system. Legal parent information must be entered on each child registered via a Child Data Form. Required fields are indicated by an asterisk.

Enter information about the legal parent(s) although they may be deceased. If information for any field on the form is unknown, leave blank unless there is a code for unknown. Do not enter information on alleged parents.

Information on top part of the form is as follows:

*COUNTY: Enter the two-digit county code or appropriate State office code.

*CASE NUMBER: Using lead zeros, enter County Department Case Number. Do not use if case is supervised by State Office.

*SUPERVISOR NUMBER: Enter two-digit number assigned by the County Department for the supervisory unit. Leave blank for State office cases.

*WORKER NUMBER: Enter worker's social security number.

*WORKER NAME: The system will automatically generate the worker's name from the SSN with the last name, first name and middle initial. Complete on the form for the DEO's information.

*CHILD'S SOCIAL SECURITY NUMBER: Enter child's SSN.

CHILD'S NAME will be system-generated from the SSN. Enter name on the form for the DEO's information.

The form is divided into two sections. Section A has information on the mother and Section B has information on the father. The same demographic information is reported on each parent.

Note: If there is not a legal mother/father, enter **X** and leave the remaining fields in Sections A and B blank.

UNKNOWN: If the mother or father is unknown, enter **X** and leave the remaining fields in Sections A and B blank.

SOCIAL SECURITY NUMBER: Enter SSN for legal parents. Leave blank if the number is not known and the system will generate a temporary number. This item must be updated as soon as the SSN is known.

NAME: Enter last, first, middle name of each parent. For the mother, enter maiden name.

BIRTHDATE: Enter parent's birth date (MM/DD/YY)

*ETHNICITY: Enter ethnicity. Refer to Ethnicity Codes and Value Sheet listed in the Appendix Section.

Note: The worker **must ask** what ethnicity the person identifies with and **must ask** if the person identifies with more than one ethnicity. Unable to determine can only be used if the legal parent refuses to identify their ethnicity.

MARITAL STATUS: Enter marital status. Leave blank if parent is deceased.

> **MA** - Married
> **WI** - Widowed
> **SE** - Separated
> **DI** - Divorced
> **SI** - Single (Never Married)
> **UN** - Unknown

EDUCATION: Enter code for education level. Leave blank if parent is deceased.

> **01** - No Formal Education
> **02** - 6th Grade or Less
> **03** - 7th to 12th Grade
> **04** - High School Graduate/GED
> **05** - Vocational School Diploma
> **06** - Some College
> **07** - College Graduate
> **08** - Post-Graduate Work
> **99** - Unknown

EMPLOYED: Enter code to indicate the parent's employment status. Leave blank if parent is deceased.

> **Y** - Yes
> **N** - No
> **U** - Unknown

<u>**INCOME**</u>: Enter annual gross income of parent rounded off to the nearest dollar. Leave blank if parent is deceased.

<u>**SOURCE**</u>: Enter code for source of parent's annual income. Leave blank if parent is deceased. If the parent has more than one source of income, enter the primary source.

01	- Salary or Wages
02	- Self-Employed
03	- Public Assistance
04	- SSI
05	- Pensions or Benefits
77	- Other
88	- None
99	- Unknown

<u>**RESIDENCE**</u>: Enter code to designate the parent's current whereabouts. Enter the code most descriptive of the parent's residence.

PI	- Penal Institution
OI	- Other Institution
OS	- Other State
OC	- Other County
SC	- Same County
SH	- Same Home
DE	- Deceased
UN	- Unknown
OT	- Other

Some of the values are defined below:

Other County: Parent is residing in a county different from the County Department registering the child/parent.

Same County: The parent is living in the same county as the County Department registering the child/parent.

Same Home: The child registered on the system is living in the home of the parents. The parents may be living in another county or state.

It is not necessary to re-enter all information on a legal parent for each sibling in care who has the same legal parent. Enter the fields for county, case number, supervisor number, worker number, child's SSN and the parents' SSN (name if SSN is unknown) on the Legal Parent Form. When the DEO enters the legal parent's SSN on the Legal Parent Screen, the

name and demographic information on the parent in the data base will automatically be transposed. The DEO will use the name to determine the SSN. Entering the SSN will transpose all known demographic data to the child's file.

Legal Parent Turnaround Document

A Legal Parent Turnaround Document will be generated for each child. In Sections A and B, cross out old or erroneous data on the TAD and enter any corrections or update information according to instructions for the Legal Parent Form.

If the corrections to legal parent information apply to all siblings, give the Legal Parent TAD for each child to the DEO. It is only necessary to change the information on one TAD. If you are changing the legal parent information for **one child only**, make the necessary changes on the child's TAD and give it to the DEO. It is important to follow this procedure to assist the DEO in selecting the appropriate update screen.

3. **CHILD CONTACT REPORTING FORM**

The Child Contact Reporting Form is used to record monthly foster care contacts. The types of contacts to be reported are described below. Only one contact per month is to be reported for each type regardless of the number of contacts made during the month.

a. **Worker's In-Person Contact with Child (WKR/CHLD) –** Direct, face to face contact must be made with all children in out of home placements at a minimum of once a month. Out of home placements constitute any placement in which the agency has obtained custody of a child through temporary legal custody, permanent legal custody, boarding home agreement or through a summary removal.

b. **Parents'/Relatives' In-Person Contact with Child (CHILD/PAR/REL) –** If the permanency plan is **(01)** Return to parents, the date of contact entered should be between parent and child. However, if the permanency plan is **(02)** Permanent Relative Placement with transfer of custody to relative or **(08)** Permanent relative placement with DHR Retaining custody than monthly contacts occurring between the child and relatives should be entered.

c. **Worker's Contact with Parents/Relatives (WKR/PAR/REL)** This contact may be In-Person, by telephone or by correspondence.

only one type of contact per month is to be recorded. If all three types are made, choose the type contact of greatest significance.

To enter data on the system use the following prompts: Go to CLIENT MENU and enter the Worker SSN; Select CONTACT ENTRY SCREEN, which will include the individual workers caseload and place a "Y" indicating contact or a "N" which reflects that no contact was made in the appropriate field.

Note: All In Person Contact dates entered on ACWIS must correlate with the narrative entry.

Each month the worker will receive a child contact reporting form listing the name, SSN, and case number of each child in the caseload who is in a foster care placement. Contacts are to be indicated by entering a "Y" (Yes) in the appropriate blank spaces beside the child's name. At the end of the month or at a time during the month designated by the County Department, the completed form should be submitted to the DEO for registration via the Register Child Contact entry screen. Contacts must be registered by the end of the month prior to 10th day of the following month in order to prevent an exception.

Each month the worker will receive new child contact reporting forms requiring completion for the current month. Contacts for the current month should be added and the form given to the DEO for entry into the system.

Summary reports will be produced to show the worker's contacts during the month. This report will be attached to a blank child contact reporting form to be used to indicate contacts for the current month.

Action/ Exception/ Alert Report
Notices of contacts due and overdue will appear on the Action/Exception/Alert Report **(PSCWB463A)** to monitor exception's on In Person Contact for the following three areas and will include the following exceptions:

    a. No Child/ Worker Contact During the Month
- If the Worker In-Person contact with Child indicator is blank and there is a custody status code of 01 (Temporary-County), 02 (Permanent-State), 05 (Agreement for Foster Care) or 06 (Summary Removal), then an exception "No Child/Worker Contact During the month" will appear.

    b. No Parent/ Relative/ Worker Contact During the Month

- If the Worker In Person Contact with Parent/Relative indicator is blank and there is a permanency code or a concurrent plan code of 01 (Return to Parents), 02 (Permanent Relative Placement with transfer of custody to Relative) or 08 (Permanent Relative Placement with DHR retaining custody), then an exception "No Parent/ Relative/ Worker Contact During the Month" will appear.

Note: If the Worker In Person Contact with Parent/Relative indicator is blank and there is a permanency or concurrent code of 01or 02 and the ICPC indicator is "Yes" than no exception will occur. Similarly, if there is a permanency or concurrent code of 01, 02 or 08 and the placement type is 15 (Runaway) then no exception will occur.

c. No Parent/ Relative/ Child Contact During the Month
- If the Child In Person Contact with Parent/Relative indicator is blank and there is a permanency plan code of 01 (Return to Parents), 02 (Permanent Relative Placement with Transfer of Custody to Relative) or 08 (Permanent Relative Placement with DHR Retaining custody), then an exception "No Child/Parent/ Relative contact during the month" will appear.

4. **ADOPTION TRACKING FORM**

The Adoption Tracking Form is used to monitor the progress of a child's adoption from the time of placement through the legal proceedings to finalization. The types of adoptions to be registered are:

- **Independent**

- **Related (when DHR is directed by the Court to complete a home study and/or provide supervision)**

- **Children in the permanent custody of DHR**

- **Children in the custody of other agencies when DHR provides supervision**

- **Relinquishment to DHR**

With the exception of independent and related adoptions, the Prospective Adoptive Resource Form must be completed to register the approved adoptive resource prior to registration of the adoption tracking. In independent and related adoptions, the adoptive parent information is

entered in Section B of the Adoption Tracking Form instead of the Prospective Adoptive Resource Form.

The county worker is responsible for completing the Adoption Tracking Form for all foster parent adoptions. Whereas, the Office of Adoptions will initiate adoption tracking on children in the permanent custody of DHR with no identified foster parent resource who are placed in adoptive placements as well as situations involving relinquishments. The following procedures should be used to initiate adoption tracking in each situation:

FOSTER PARENT ADOPTION:

1. The county where the child was in foster care, completes Section # 2 of DHR-DFC-29 and submits to the Office of Adoption. The DHR-DFC-29 will be returned with the child's temporary number.

2. In foster parent adoptions the county worker will assume responsibility of where the child is to be placed, and will then assume responsibility for updating Section C, Legal Proceedings, on the Adoption Tracking TAD as needed.

<u>**Note**</u>: The foster parent(s) who is adopting a child must be registered as an adoptive resource.

ADOPTION- SDHR

1. The county where the child was in foster care processes the discharge to adoptive placement on Child Data. Use discharge reason code **03** for children in the permanent custody of DHR or **14** for children relinquished to DHR.

2. The Office of Adoption initiates the Adoption Tracking Form to register the adoptive placement for children placed by an Adoption Consultant and is responsible for updating Section C, Legal Process, on the Adoption Tracking TAD, as needed.

3. For cases involving adoption of children in the permanent custody of DHR or relinquished to DHR, the date that the Adoptive Home Placement Agreement was signed is to be used as the discharge date on the Child Data Form as well as the placement date on the Adoption Tracking Form.

Instructions for each of the data items on the Adoption Tracking Form are given below:

COUNTY: Enter the two digit code of the county supervising the placement.

CASE NUMBER: Using leading zeros, enter the case number assigned to the adoptive parents' record. (This field is to be left blank if the worker registered on the Adoption Tracking Form is a State Office adoption consultant.)

SUPERVISOR NUMBER: Enter the two digit code for the supervisor of the worker. (This field is to be left blank if the worker is a State Office adoption consultant.)

WORKER NUMBER: Enter the social security number (SSN) of the caseworker supervising the placement.

CONTRACT AGENCY: If the home study for an independent or related adoption was completed by one of the following child-placing agencies under contract with DHR, enter the agency's assigned ACWIS provider number:

AGAPE of Central Alabama.......................Provider #000305
AGAPE of North Alabama ....Provider #000262
Catholic Family Services – Huntsville ....Provider #000289
Catholic Family Services – Birmingham ...Provider #000308
Catholic Social Services – Montgomery.....Provider #000309
Catholic Social Services – Mobile...............Provider #000310
Children's Aid Society.................................Provider #000286
Family Adoption Services ....Provider #016899
Lifeline Children's Services ....Provider #012721
Villa Hope, Inc.   Provider #012830

ADOPTION TYPE: Enter the two digit code to indicate the type of adoption. An explanation of each type is give below.

01 - **Independent** – the adoption of a child by an unrelated individual(s) which was arranged outside the auspices of DHR or a licensed child-placing agency.   This type adoption does not require a provider number.

02 - **Related** – the adoption of a child by an individual(s) who is related to the child. The relationship may be stepparent, grandparent(s), great-grandparents(s), great-aunt/great-uncle, or brother/sister and respective spouse. Related adoptions are registered on ACWIS only when the Department is required by the court to complete an

investigation and/or supervise the placement. This type adoption does not require a provider number.

04 - **DHR** – the adoption of a child who is in the permanent custody of DHR by a resource which has been approved by DHR.

05 - **DHR/Private Agency** – the adoption of a child who is in the custody of another agency by a resource either approved by DHR or another child-placing agency. This includes an Interstate Compact arrangement involving a child coming into Alabama for the purpose of adoption. The adoptive resource and the adoption tracking are usually registered at the time the child is placed with the resource.

06 - **Non-DHR Resource** – the adoption of a child who is in the permanent custody of DHR by a resource approved by another licensed child-placing agency.

08 - **Relinquishment** – the adoption of a child whose physical custody was transferred by the parent(s) to the Department through the signing of a legal relinquishment. The child may be placed with either a resource approved by DHR or another child-placing agency.

RELATIONSHIP OF PETITIONER TO CHILD: Enter the two-character code to indicate the relationship of the petitioner to the child placed for adoption.

NR - Not Related
SP - Stepparent
GP - Grandparent
OT - Other Relative

SECTION A –BASIC CHILD DATA

If the child is already known to ACWIS, enter the child's adoptive name and the SSN/Temporary number from the closed Child Data or Adoption Tracking case. The computer will generate the remainder of the information in Section A except for Foreign Born (Y-Yes/N-No). If the child was not previously registered in ACWIS, complete all the data elements in this section.

The Office of Adoption will initiate the adoption tracking for children in the permanent custody of DHR (Adoption Types 04 and 06) and children relinquished to DHR (Adoption Type 08).

NAME: Enter the child's adoptive name – last, first, and middle names.

FOREIGN BORN INDICATOR: Enter **Y** (Yes) or **N** (No) to indicate if this child was brought into Alabama from a foreign country for the purpose of adoption.

SOCIAL SECURITY NUMBER: Enter the child's social security number or temporary number. If the child does not have an SSN or if it is unknown, leave this field blank and ACWIS will generate a temporary number.

SECTION B – PLACEMENT DATA

For adoptions involving a resource approved by DHR or another child-placing agency (Adoption Types 04, 05, 06 and 08), enter the resource's provider number in the provider number field. The computer will generate the parent information. For independent and related adoptions (Adoption Types 01 and 02), omit the provider number and enter the parent information.   For stepparent adoptions (Adoption Type 02) enter the information only for the parent who is adopting the child.

PROVIDER NUMBER: Enter the six-digit number that was assigned by ACWIS when the adoptive resource was registered.

MOTHER'S SOCIAL SECURITY NUMBER: Enter the adoptive mother's social security number. If the social security number is not known, leave this field blank and the computer will generate a temporary number. This will only be completed for adoption types 01 and 02.

FATHER'S SOCIAL SECURITY NUMBER: Enter the adoptive father's social security number. If the social security number is not known, leave this field blank and the computer will generate a temporary number. This will only be completed for adoption types 01 and 02.

DATE OF PLACEMENT: The date of placement depends upon the type of adoption. For children in the permanent custody of DHR (Adoption Types 04 and 06) or relinquished to DHR (Adoption Type 08), use the date that the Adoptive Home Placement Agreement was signed as the placement date. Generally for Independent (Adoption Type 01), Related (Adoption Type 02) and DHR/Private Agency (Adoption Type 05) adoptions, the date of placement is the date the child is placed in the home.

If there is a question about the placement date, the worker should contact the Office of Adoption.

ICPC PLACEMENT: Enter a **Y** (Yes) or **N** (No) to indicate whether the child was placed for adoption from or into Alabama through the Interstate Compact.

ADOPTION SUBSIDY INDICATOR: Enter the one-character code to indicate the type of adoption subsidy approved by the Office of Adoption for this child:

       F   - Federal
       S   - State
       N   - None

DATE CHILD REMOVED: If the child was removed from the adoptive home prior to finalization of the adoption, enter the date of the removal. This will close the Adoption Tracking.

PRE-PLACEMENT INVESTIGATION WAIVED: Enter **Y** (Yes) or **N** (No) to indicate whether the court waived the pre-placement investigation (home study) in an independent adoption.

SECTION C – LEGAL PROCEEDINGS

CONSENT OF CHILD: If a child is 14 years of age or older, enter the date he/she signed a consent for his/her adoption.

CONSENT OF SDHR: Indicate with the Adoption Types 04, 06 and 08, the date the Office of Adoption gave consent for the adoption petition to be filed.

PETITION FILED: Enter the date the adoption petition was filed.

I.O. ISSUED: Enter the date the Interlocutory Order was issued.

FIRST POST-PLACEMENT VISIT: Enter the date of the first post-placement visit.

SECOND POST-PLACEMENT VISIT: Enter the date of the second post-placement visit.

POST-PLACEMENT REPORT: Enter the date that the post-placement report was submitted to the court.

PERMANENCY HEARING: Enter the date of the Permanency hearing.

FINAL DECREE: Enter the date that the Final Decree was issued.

HS17 SUBMISSION: Enter the date the HS17 form was submitted to the Center for Health Statistics, Department of Public Health. The Office of Adoption will indicate the HS17 Submission date on the final decree acknowledgement letter to the county for children placed by an Adoption Consultant.

PROCEEDINGS TERMINATED PRIOR TO FINALIZATION: If the legal proceedings were terminated prior to the issuance of the final decree, indicate either the date that the adoption petition was dismissed or the interlocutory order was revoked.

ADMINISTRATIVE REVIEW DUE IF I.O. NOT ISSUED: This data element is completed when the Adoption Tracking is initiated for Adoption Types 04, 06 and 08 to indicate the due dates for the next two administrative reviews if the Interlocutory Order has not been issued. Notices for the administrative reviews will appear on the Action/Exception/Alert Report **(PSCWB425)** and the Administrative/Judicial Reviews and Permanency Hearings Report **(PSCWB427A).**

TICKLERS: Enter the date and specify an activity for which the worker wants a reminder. The reminder(s) will appear on the Action/Exception/Alert Report **(PSCWB425A)**.

Following registration of the Adoption Tracking, a turnaround document (TAD) will be generated. The TAD is to be used to update adoption activities as they occur.

Special Instructions For Adoption Disruptions

Listed below are the procedures to be followed when a child in the permanent custody of DHR or relinquished to DHR has to be removed from the adoptive home prior to the issuance of the Final Decree:

A.   If the child is removed from the adoptive home and is placed in foster care:

      1.   Enter the date the child was removed from the adoptive home in the field for Date Child Removed on the Adoption Tracking Form.

      2.   Readmit the child to foster care using the Child Data Form. For a child whose placement has disrupted **prior** to the

finalization of the adoption, readmit the child using the former foster care **SSN/T#**. For a child who is being readmitted **after** the final decree has been signed, readmit the child using the adoptive **temporary number**. Once processing is completed and the case is in open status, the temporary number can be updated to the SSN.

Note that for a child who is readmitted to foster care prior to the finalization of an adoption, it is necessary for the county to re-enter the original parental rights termination date. This date may be acquired from the State Office adoption consultant if the child is readmitted in a county other than the county in which parental rights were terminated.

3. When applicable, update the Adoption Tracking Form to enter in the field for Proceedings Terminated Prior to Finalization, either the date the adoption petition was dismissed or the Interlocutory Order was revoked.

B. If the child is removed from the adoptive home and is immediately placed in another adoptive home:

1. Enter the date the child was removed from the adoptive home in the field for Date Child Removed on the Adoption Tracking Form.

2. When applicable, update the Adoption Tracking Form to enter in the field for Proceedings Terminated Prior to Finalization either the date the adoption petition was dismissed or the Interlocutory Order was revoked.

3. The Office of Adoption will initiate the new Adoption Tracking Form.

C. For any other adoption disruptions, contact the Office of Adoption for procedures.

5.   REFERRAL TO CHILD CARE INSTITUTIONS AND GROUP HOMES

This form is to be used by County Departments of Human Resources for reporting all referrals of children to child care institutions, group homes, and residential facilities, including Mental Health facilities and out-of-state residential facilities. Referrals made by agencies other than DHR, such as DYS or probation officers, **are** to be reported when DHR concurs in the planning and is to make payment for the services.

Referrals to the following facilities are **not** to be registered on ACWIS:

a.   Shelter Facilities (Provider Types 07 and 09)
b.   Nursing Home (Provider Type 13)
c.   Hospitals (Provider Type 17)
d.   Maternity Homes (Provider Type 12)
e.   Facilities providing out-patient diagnosis and evaluation

Referral information may be entered on the system at any time during the month, but all referrals **must** be reported by the fifth of the month following the month in which they were made. After the fifth of each month, the system will generate the following reports to the county departments: "Referral Listing by County," "Referrals Pending," and "Unauthorized Referrals." The "Referral Listing" by County" will provide a listing of all new referrals reported during the previous month as well as updates to existing referrals. This report must be maintained in the county office for documentation. The "Referrals Pending" report will list by caseworker all referrals from prior months for which a final disposition has not been entered. Note that a referral with a disposition of accepted is not considered final until the placement date has been recorded. The most current "Referrals Pending" report should be retained in the county office. The "Unauthorized Referrals" report reflects referrals made by caseworkers to unlicensed facilities. This report will only be produced for those county offices registering unauthorized referrals.

Instructions for completing the Referral Form are given below with required fields indicated by asterisk. The Referral Form allows the reporting of two referrals on one form. These do not have to relate to the same child.

*COUNTY: Enter the two-digit code for the county or appropriate State office code.

MONTH: This is a system-generated date.

*SUPERVISOR NUMBER: Enter the two-digit code assigned by the County Director to indicate the appropriate supervisory unit.

*WORKER NUMBER: Enter the worker's social security number.

NAME: This field should be completed on the form for the data entry operator's information. When the worker's social security number is entered into the system, the worker's last name, first name and middle initial will be system-generated.

*CASE NUMBER: Using leading zeros, enter the county case number.

SOCIAL SECURITY NUMBER: Enter the child's SSN. If the SSN is unknown, leave the field blank and the system will generate a temporary number for the child.

*NAME: Enter the child's last, first, and middle names on the form. If the child is already known to the system, the child's name will be system-generated on the screen after the SSN is entered.

*BIRTHDATE: Enter the child's date of birth (MM/DD/YY). If the child is known to ACWIS, this is not a required field.

*SEX: Enter the sex of the child as follows: **M**-Male, **F**-Female. If the child is known to ACWIS, this is not a required field.

*ETHNICITY: Enter the code for the race of the child. If the child is known to ACWIS, this is not a required field. Refer to the Ethnicity Codes and Values Sheet listed in the Appendix section.

Note: If the child is not known to ACWIS because the ethnicity of the child was not previously recorded then the worker **must ask** what race the person identifies with and **must ask** if the person identifies with more than one race.

REFERRAL ONLY INDICATOR: Enter the appropriate code to reflect the extent of the Department's involvement in the referral process. If the Department is only assisting another party in locating a resource for a child by contacting child care facilities and will not provide services and/or make payment following placement, the appropriate code to enter is **Y**-Yes. In all other instances the appropriate code is **N**-No.

When the referral only indicator is coded **N** and a placement date is entered, the child must be registered on Child Data or an exception report will be generated. This will serve to monitor the registration on ACWIS of children for whom the Department will have responsibility after placement in a child care facility.

PROVIDER NUMBER: Enter the appropriate Provider Number. If there is no Provider Number, leave this field blank and enter the name of the facility in the next field. Please note that failure to enter the Provider Number of the licensed facility will result in a system determination that the referral is unauthorized.

INSTITUTION OR GROUP HOME: Enter the name of the child care institution or group home on the form if there is no Provider Number.

This field will be system-generated on the screen when a Provider Number is entered.

REFERRAL DATE: Enter the date (MM/DD/YY) on which the referral was made.

REFERRAL SOURCE: Enter the code for the source of the referral.

> **DHR** - Department of Human Resources
> **DYS** - Department of Youth Services
> **FCS** - Family and Children's Services (For SDHR Use Only)
> **LEO** - Law Enforcement Official
> **OTH** - Other

REFERRAL TYPE: Enter the code for the type of referral made.

> **W** - Written   **V** - Verbal
> **B** - Both

APPLICATION DATE: If a written application is made to a child care institution or group home as part of the referral process, enter the date (MM/DD/YY) the application is made.

*DISPOSITION CODE: Enter the appropriate code to indicate what disposition was made on the referral.

> **A -** **Accepted** – The County is notified by the child care facility that the application has been accepted, and the facility and worker have agreed upon a placement date.
>
> **R -** **Rejected** – The child care facility notifies the County Department that the referral has been rejected.
>
> **W -** **Withdrawn** – The service worker notifies the child care facility that the referral/application is being withdrawn. This notification may be given either verbally or in writing. (The verbal notification must be confirmed in writing.)
>
> **C -** **Closed** – The child care facility notifies the service worker that a referral is closed due to no follow-up within 30 days of the referral date. **(Refer to Minimum Standards for Group Homes and Minimum Standards for Child Care Institutions.)**
>
> **P -** **Pending** – A disposition of "Pending" is entered for those referrals for which written information is being prepared

for submission or has been submitted and is being processed by the facility, and for those referrals which have been accepted by the facility and the child has been placed on the waiting list.

DISPOSITION DATE: Enter the date (MM/DD/YY) of the disposition.

DISPOSITION REASON: Enter the two-digit code indicating the reason for disposition of a referral. The codes and values are given below:

Rejected

10 - No vacancies
11 - No vacancies in age group
12 - No vacancies for girls
13 - No vacancies for boys
14 - Age
15 - Sex
16 - Not in referral area
17 - Adjudicated delinquent
18 - Unable to provide reasonable accommodation for handicapping condition, i.e., mental retardation, behavior problems, emotional problems, physical problems
19 - Not accepted by school system
20 - Other

Withdrawn

30 - Foster Home Placement
31 - Other Facility Placement
32 - Related Home Placement
33 - Returned/Remain Own Home
34 - Other (Specify)

Pending

40 - Completion of application
41 - Vacancy – Child placed on waiting list
42 - Disposition by facility
43 - Other (Specify)

PLACEMENT DATE: Enter the date (MM/DD/YY) on which the child was actually placed in the child care facility to which he was referred.

A separate turnaround document (TAD) will be produced for each referral. To modify previously entered data or update data on pending referrals,

mark the changes in red on the TAD and submit to the DEO. The most current TAD on each referral should be retained in the case record until a final disposition of accepted, rejected, withdrawn, or closed has been entered. Note that a disposition of accepted is not considered final until the placement date has been entered.

C.   PROVIDER SUBSYSTEM

1.   PROVIDER DATA FORM

The Provider Data Form is used to collect information necessary to register on ACWIS foster care providers, child placing agencies, related homes and court-ordered unrelated homes. The form contains basic identifying data including the special needs of children to be considered as well as the number and sex of children to be considered.

All providers are registered from the Provider Menu. The registration and update procedures for related homes and court-ordered unrelated homes are completed similarly to the registration and update procedures of foster family homes. The Provider Menu allows for the registration and update of related and court-ordered unrelated homes from the same selection as the registration and update of foster family boarding homes.

Every foster care provider who is approved (final or provisional), licensed, or issued a permit (including related and court-ordered unrelated homes) must be registered on ACWIS. The system will generate a unique provider number for each resource. Once a provider is registered on ACWIS, the provider number always remains with that provider. If the case is closed and then reopened, use the same provider number and update the existing TAD. If the provider transfers from another county, use the same provider number and complete a Provider Data Form with current information. If a foster care provider, related home or unrelated home (court order) becomes a prospective adoptive resource, the same provider number is used for both provider cases.

A foster family provider may be open concurrently with three provider types. For instance, a provider may be approved as a foster family boarding home (type 03), as a foster family related home (type 05), and as a therapeutic foster family home (type 22).

The Provider Data Form is completed at the county office for foster family homes, related homes and unrelated homes (court ordered). The State office completes the Provider Data Form for group homes, child care institutions, child placing agencies, state-approved foster family homes,

foster homes licensed by another agency, maternity homes, nursing homes, and hospitals.

The Provider Data Form is divided into four sections: basic provider data, provider status data, institutions and group homes only and foster parents only.

Each data element is discussed below. Required data elements are indicated by an asterisk.

SECTION A – BASIC PROVIDER DATA

*COUNTY: Enter the two-digit county code or appropriate State office code.

*CASE NUMBER: Using leading zeros, enter the county case number. Leave blank when registering providers other than foster home, related homes or unrelated homes (court-ordered).

*SUPERVISOR NUMBER: Enter the two-digit code assigned by the County Director to indicate the appropriate supervisory unit.

*WORKER NUMBER: Enter the worker's social security number. In the line to the right, write out the worker's last name, first name, and middle initial.

PROVIDER NUMBER: This unique number is system-generated by ACWIS.

*PROVIDER NAME: Enter the name of the provider. Enter the last name only for foster family homes, related homes and unrelated homes (court ordered).

MAILING ADDRESS:

*_STREET 1_: Enter the street number and street name or P.O. Box number.

TELEPHONE: Enter the area code and telephone number of the provider.

STREET 2: Enter only additional street address (rural route, apartment number, etc.)

*_CITY_: Enter the city of the mailing address.

*STATE: Enter the two-character state code of the provider's mailing address.

*ZIP: Enter the 5 to 9 digit zip code of the provider's mailing address.

PHYSICAL ADDRESS: Complete only if different from mailing address.

STREET: Enter the street number and street name.

CITY: Enter the city of the provider's location.

STATE: Enter the two-character code for the State of the provider location.

ZIP: Enter the 5 to 9 digit zip code.

CAPACITY: Enter the three-digit number for the maximum number of children for which a provider is approved or licensed to give care. Entry is required if the status is approved, licensed or permit.

CHILDREN SERVED (AGE RANGE):   Enter the actual range for males and/or females served by the provider. Entry is required if the status is approved, licensed or permit. **For example, if a provider is willing to provide care to a child from infancy to age nine the field would reflect "00 to 09"**

SPECIAL NEEDS: Enter up to six two-digit codes describing the special needs of children that a provider will consider.

01 -   Diagnosed Mental Retardation – Mild
02 -   Diagnosed Mental Retardation – Moderate
03 -   Diagnosed Mental Retardation – Severe
04 -   Diagnosed Mental Retardation – Profound
05 -   Diagnosed Emotionally Disturbed
06 -   Physically Handicapped
07 -   Pronounced Behavioral Problems – Adjudicated CHINS
08 -   Pronounced Behavioral Problems – Adjudicated Delinquent
09 -   Pronounced Behavioral Problems – Not Adjudicated
10 -   Pronounced Behavioral Problems – Other
11 -   Unfamiliar with American Culture or Language
12 -   Sibling Group
13 -   Blind or Visually Impaired
14 -   Deaf or Hearing Impaired
15 -   Other Medically Diagnosed Condition Requiring Special Care
16 -   Clinical Assessment Determined Disability

17	-	Clinical Assessment Has Not Been Determined
18	-	Severely Emotionally Disturbed
19	-	Needs Special Education Services
20	-	Receiving Special Education Services
21	-	Reading Below Grade Level
22	-	Child in Need of Therapeutic Foster Care But Not Receiving
23	-	Post Secondary Education
24	-	Medically Fragile Care
25	-	High Risk Background

SECTION B – PROVIDER STATUS DATA

*<u>**PROVIDER TYPE**</u>: Enter the two-character code of the provider type. A provider may have three open provider types at a time.

02	-	Related Home
03	-	Foster Family Boarding Home
04	-	Foster Family Free Home
05	-	Foster Family Related Home
06	-	Group Home
07	-	Group Home/Shelter
08	-	Child Care Institution
09	-	Child Care Institution/Shelter
10	-	DYS Licensed or Operated Facility
11	-	MH Licensed or Operated Facility
12	-	Maternity Home
13	-	Nursing Home
16	-	Out-of-State Residential Treatment Facility
17	-	Hospital
19	-	Child Placing Agency
22	-	Therapeutic Foster Family Home
23	-	Unrelated Home (Court Ordered)
24	-	Psychiatric Hospital
26	-	Transitional Living
77	-	Other

<u>**PROVIDER RATE**</u>: Enter the provider rate of RB (Basic/Regular Board) if the provider is to receive a DHR basic/regular board payment. Only the following provider types can be authorized to receive a DHR basic/regular board payment: **03, 05-11, 16 and 22**. The provider rate field is left blank for the following provider types: **02, 04, 12, 13, 17, 19, 23, 24, and 77**.

Although a provider may be a type to receive a DHR basic/regular board payment, the provider may not always be authorized from Child Data to receive such a board payment. For example, a foster family boarding home is providing care to a child placed through the Interstate Compact on

the Placement of Children (ICPC). The provider is registered as a type 03 and the rate is RB. The child is registered through Child Data on ACWIS, and the Reg. Board Indicator is set to **N** (No). As custody of the child is held by another state that is making payment to the provider, a DHR basic/regular board payment is **not** issued for this child. However, there can be other children in the custody of DHR who are placed with the provider for whom DHR basic/regular board payments are made.

The basic/regular board rate is the core rate paid to a provider based upon the age of the child. The core rate does not include the difficulty-of-care payments or telephone and mail allotment.

*STATUS: Enter the three-character code of the provider's current status:

> **INQ** - Inquiry
> **APP** - Applicant
> **LIC** - Licensed
> **APR** - Approved
> **PRV** - Provisional
> **PER** - Permit
> **LAA** - Licensed/Approved by Another Agency
> **ANA** - Approval Not Applicable
> **CLS** - Closed
> **INA** - Inactive
> **TAP** - Temporary Approval (See Gary Mitchell)

Related homes and court ordered unrelated homes are to be coded **ANA**, Approval Not Applicable.

*STATUS DATE: Enter the date (MM/DD/YY) the provider reached the status recorded in the status field. When a provider is successively re-approved, it is necessary to update this item to reflect the most current approval date as it appears on the Approval.

EXPIRATION DATE: Enter the date (MM/DD/YY) the approval/license/permit expires. This date produces a tickler on the Action/Exception/Alert Report **(PSCWB425)**.

SEMI-ANNUAL REVIEW DATE: Enter the date (MM/DD/YY) the semi-annual review was completed. The approval date in the status field will be used to produce a tickler on the Action/Exception/Alert Report **(PSCWB425)** when the semi-annual review is due. The system will automatically blank out the semi-annual review date if a new status date entered is greater than the semi-annual review date. **Note**: This is not a projected date. This field is not completed if the home is licensed by another agency or for related homes and unrelated homes (court ordered).

REASON CLOSED: Enter the two-digit code for the reason the provider was closed on ACWIS:

01 - Request of Provider
02 - Relocated out of County
03 - Death of Provider
04 - Approval/License/Permit Revoked
05 - Application Disapproved
06 - Inquiry/Application Withdrawn
07 - Approval/License/Permit by Another Agency – DHR Child Removed
08 - Provisional Approval/No Final Approval Issued
77 - Other

This field is completed only when the provider status is coded closed **(CLS)**.

APPROVAL AUTHORITY: (Completed by SDHR) Enter the two or three character code to capture the approval authority for providers licensed or approved by an agency other than DHR:

DYS - Department of Youth Services
DMH - Department of Mental Health
DPH - Department of Public Health
ED - Education Department
OS - Other State
OTH - Other

If the approval authority is a child placing agency, the agency's six-digit provider number must be entered.

ABI/FBI SUITABILITY CRITERIA

For status of application for new foster parents when clearances have not been received, a "N" should be placed in each field to indicate that no ABI or FBI fingerprint clearances have been approved. When clearances have been received, the fields should be changed to "Y". No new foster homes should be in approved status with a "N" in either the ABI or FBI field.

ABI INDICATORS
Y   **YES ABI REPORT ON FILE**
N   **NO ABI REPORT IS NOT ON FILE**

FBI INDICATORS
Y   **YES FBI REPORT ON FILE**
N   **NO FBI REPORT IS NOT ON FILE**

Temporary Approval Pending Suitability (TAP)

Foster Family Homes with no suitability letter that were approved **prior to** the recission date of December 1, 2003 shall be assigned a status code of TAP by the approving authority. No home approved after the effective date of the letter rescinding the temporary approval of foster homes and without a suitability letter shall be assigned the TAP status code. No new foster home approvals shall be entered on ACWIS with a status code of TAP without the approval of the Office of Resource Development and Management at SDHR. When a foster home in TAP status receives the required suitability letter, the code will be changed to the appropriate status code (e.g., APR for approved) effective the date of the suitability letter. When clearances have been received, the fields should be changed to "Y" before a home can be registered.

SECTION C – INSTITUTIONS AND GROUP HOMES ONLY
(Completed by SDHR)

CONTACT PERSON: Enter the name, up to 30 characters, of the person at the facility to whom referrals are made.

NUMBER OF STAFF CHILDREN: Using leading zeros, enter the total number of staff children residing at the facility.

GEOGRAPHICAL AREA SERVED: Enter the two-digit code of the area served by the facility:

    01 - Same County Only
    02 - Immediate Surrounding Counties Only
    03 - Central Alabama
    04 - South Alabama
    05 - North Alabama
    06 - State Only
    07 - No Restrictions

FIRE INSPECTION DATE: Enter the date (MM/DD/YY) of the last approved fire inspection. This date is used to project the next Tickler for the Action/Exception/Alert Report (PSCWB 425).

HEALTH INSPECTION DATE: Enter the date (MM/DD/YY) of the last approved health inspection. This date is used to project the next Tickler for the Action/Exception/Alert Report (PSCWB425).

SECTION D – FOSTER PARENTS ONLY

*MARITAL STATUS: Enter the two-character code for the marital status of foster parents:

MA - Married
WI - Widowed
SE - Separated
DI - Divorced
SI - Single (Never Married)
UN - Unknown

FOSTER MOTHER AND FOSTER FATHER:

NAME: Enter the first (10 characters), middle (10 characters) and maiden (15 characters) name of the mother and/or father.

SOCIAL SECURITY NUMBER: Enter the SSN of the foster mother or foster father. If this information is not available at registration, leave this element blank and ACWIS will assign a temporary SSN. This item must be updated as soon as the SSN is known.

BIRTHDATE: Enter the birthdate (MM/DD/YY) of the foster mother and/or foster father.

ETHNICITY: Enter the two-character code for the ethnicity of the foster mother and/or foster father. Refer to the Ethnicity Codes & Values Sheet listed in the Appendix section.

Note: The worker **must ask** what ethnicity the person identifies with and **must ask** if the person identifies with more than one ethnicity.

EMPLOYED: Enter the one-character code to describe the foster mother and/or foster father employment status.

Y - Yes
N - No

EDUCATION: Enter the two-digit code to describe the education level of the foster mother and/or foster father.

01	- No Formal Education
02	- 6th Grade or Less
03	- 7th to 12th Grade
04	- High School Graduate/GED
05	- Vocational School Diploma
06	- Some College
07	- College Graduate
08	- Post-Graduate Work
99	- Unknown

INCOME: Enter the foster mother and/or foster father's annual gross income, rounded to the nearest whole dollar.

LAST MEDICAL EXAM DATE: Enter the date (MM/DD/YY) of the foster mother and/or foster father last completed medical. This date is used to project a Tickler for the date the next medical is due on the Action/Exception/Alert Report (PSCWB425).

TRAINING TYPE AND DATE: The training type code and date for Foster Family Homes must be entered in accordance to the type of training that each parent received prior to their initial approval as a foster parent for the agency. These codes must be entered on ACWIS during the time that the provider is registered as a new Foster Parent resource for the agency and must be updated yearly to reflect the most current dates of training received. Enter up to four two-digit codes of the training's listed below that most accurately reflects training that the mother and/or father has completed along with the date (MM/DD/YY) that each training was completed. (Example: State Foster Parent Conference) Counties providing the same training to the same foster parent repeatedly should update the date of that particular training type to reflect the most current date. These training types can include but not be limited to CPR and First Aid Training. **Note**: Foster Family Homes are required to complete and maintain Pediatric and/or Infant CPR certification and First Aid Training as well as the 40 hour pre-requisite Group Preparation and Selection training, SHIP or Deciding Together prior to approval being issued by the licensing agency. After the Foster Family Home is licensed by the agency they are required to maintain 15 hours of annual training.

01	-	Medical Fragile Training
02	-	Parenting Issues
03	-	Child Centered Community Programs
04	-	Child Development
05	-	Conferences

06 - Discipline
07 - Sexual/Physical Abuse Issues
08 - GPS
09 - Deciding Together
10 - SHIP
11 - CPR
12 - First Aid
77 - Other

Note: REPEAT DATA ELEMENTS FOR FOSTER FATHER IN SECTION D.

TICKLER DATE/ACTIVITY: Enter the date (MM/DD/YY) and activity of any worker/provider reminder, such as foster family visitation, scheduled training, etc. Two entries are permitted.

PROVIDER DATA TURNAROUND

Cross out old or erroneous data and enter any corrections or updates using red ink. If additions or corrections are made in Section B, Provider Status Data, an action type of **A** (Add New Data) or **E** (Error Correction) **must** be entered to indicate the reason for the update.

Approval/License/Permit Renewals

When the provider renews an application for approval/license/permit, it is not necessary to update the status to show the reapplication process as long as the provider is in approval status. Continue the status as approved until a determination is made of the reapplication, or the current approval/license/permit expires, whichever comes first.

If this resource is reapproved/relicensed or the permit is extended, update the Status Date, the Expiration Date and, if applicable, the Medical Exam Date. NOTE: Provisional Approvals are not renewable.

2.   **Prospective Adoptive Resource Form**

The Prospective Adoptive Resource Form is used to register Prospective Adoptive resources on ACWIS. This form is completed for all DHR resource cases as well as adoptive resources approved by another agency in which a child in the permanent custody of SDHR is placed. If the child is placed in a home approved by another child placing agency and supervision is provided by the County Department, the County Department will register the resource.   If the child-placing agency

supervises the placement, registration of the resource is the responsibility of the Family Services Partnership, Office of Adoption.

The form is divided into two sections: Section A, "Adoptive Parent" includes information on each prospective parent and steps in the inquiry through approval process. Section B, " Child Specifications" relates to the characteristics of children for whom the prospective parents have an interest.

Each data element on the form is defined below and critical elements are denoted below with an asterisk:

*COUNTY: Enter the two-digit county code or appropriate State Office Code.

*CASE NUMBER: Using lead zeros, enter the case number assigned by the county to the adoptive resource. Leave blank if supervision is provided by State Office.

*SUPERVISOR NUMBER: Enter the two-digit supervisor code as assigned by the County Director. Do not use in State Office.

*WORKER NUMBER: Enter the social security number of the worker assigned to this case. In the space to the right of these fields, write the name of the worker assigned to the case (last name, first name, and middle initial).

PROVIDER NUMBER: This element is left blank when initially registering a resource on ACWIS. The system will generate a unique number for this case which will then be used by the worker when modifying previously entered data. Once a provider is registered in ACWIS, the provider number always remains with that provider. If the case is closed and then reopened, use the same provider number and update the existing TAD. If the provider transfers from another county, use the same provider number and complete a Prospective Adoption Resource Form with current information.

*ADDRESS: Enter the house number and street, P.O. Box, Etc., for the resource. This should be the mailing address.

*CITY: Enter the city in which the resource receives mail.

*STATE: Enter the two-digit state code of residence of the resource.

*<u>**ZIP CODE**</u>: Enter the five to nine digit zip code of the resource's mailing address. If only 5 digits are known, enter 4 zeros at the end of the field.

SECTION A – Adoptive Parents

*<u>**MARITAL STATUS OF PARENTS**</u>: Enter the appropriate code to indicate the current marital status of this resource.

> **MA** - Married
> **WI** - Widowed
> **DE** - Separated
> **DI** - Divorced
> **SI**   - Single (Never Married)
> **UN** - Unknown

FOSTER PARENT(S): Enter a Y (yes) or N (No) to indicate if this resource is an approved DHR foster parent.

<u>**OUT-OF-STATE/COUNTRY AGENCY**</u>: Enter a Y (Yes) or N (No) to indicate whether this case involves a prospective resource being studied for placement of a child in the custody or responsibility of an out-of-state or out-of-country agency. Although DHR will concur if approval is recommended, the placing agency will have final responsibility for approving or disapproving the application to adopt. Entry of a Y in this field will eliminate an entry in the field for Approving Date (DHR). Approval of this resource can only be recorded in the field for Approval Date (Not DHR).

FATHER'S/MOTHER'S DATA

<u>**SOCIAL SECURITY NUMBER**</u>: Enter the SSN for the prospective parent. If this information is not available at registration of this case, leave this element blank and ACWIS will assign a temporary SSN. This element should be updated to reflect the actual SSN as soon as the information is obtained.

<u>**NAME**</u>: Enter the last, first, and middle name of the prospective parent. Include the maiden name for the prospective mother.

<u>**BIRTHDATE**</u>: Enter the date (MM/DD/YY) of birth of the prospective parent.

ETHNICITY: Enter the code to indicate the prospective parent's ethnicity:

     WH - White
     BL   - Black
     AI   - American Indian
     AP   - Asian or Pacific Islander
     HI   - Hispanic
     UN - Unknown

Note: The worker **must ask** what ethnicity the person identifies with and **must ask** if the person identifies with more than one race. "Unknown" can only be used if the provider refuses to tell the worker their ethnicity.

RELIGION: Enter the code to indicate the prospective parent's religious preference.

     CA - Catholic
     JE - Jewish
     PR - Protestant
     OT - Other
     NO - None
     UN - Unknown

EDUCATION: Enter the code to indicate the prospective Parent's educational level.

     01 - No formal Education
     02 - 6th Grade or Less
     03 - 7th grade to 12th grade
     04 - High School Graduate/GED
     05 - Vocational School Diploma
     06 - Some College
     07 - College Graduate Work
     08 - Post graduate Work
     99 - Unknown

INCOME: Enter the prospective parent's gross annual income rounded to the nearest whole dollar. Enter only the full dollar amount; therefore, a parent's annual income of $19, 943.75 would be entered as 019944.

OCCUPATION: Enter the actual occupation of the prospective parent. Twenty characters are available for this element. Abbreviate as necessary.

PRIOR ADOPTION EXPERIENCED

NUMBER FINALIZED: Enter the number of children that this prospective resource has adopted. Enter zeros if no adoptions have been finalized. This element will be completed only for initial registration; further updates will be system-generated from ACWIS files.

NUMBER DISRUPTED: Enter the number of times adoption placement has been attempted with the resource, but the child(ren) placed were removed prior to finalization of the adoption. Enter zeros if no placement has disrupted. This element will be completed only for the initial registration; further updates will be system-generated from ACWIS files.

NUMBER OF PLACEMENTS REFUSED: Enter the number of occasions on which this resource chose not to accept a proposed placement of a child(ren) for adoption. Enter zeros if this resource has never refused a placement. This element should be updated by the worker each time the resource declines a proposed placement.

NUMBER OF CHILDREN AT HOME (MALE): Using lead zeros, enter the number of male children of the prospective resource currently residing in the home. This includes children by birth, adoption, or in the legal custody of the prospective resource.

NUMBER OF CHILDREN AT HOME (FEMALE): Using lead zeros, enter the number of female children of the prospective resource currently residing in the home. This includes children by birth, adoption, or in the legal custody of the prospective resource.

INQUIRY DATE: Enter the date (MM/DD/YY) the application to adopt was given or mailed to the prospective resource.

APPLICATION DATE: Enter the date (MM/DD?YY) the prospective resource signed the application to adopt.

APPROVAL DATE (SDHR): Enter the date (MM/DD/YY) this resource was approved by SDHR for adoptive placement.

APPROVAL DATE (NOT SDHR): This element is only used to register a resource approved by another public or private child placing agency in which a child in the permanent custody of SDHR has been placed. If data is entered in this item, the following fields are left blank: #Finalized, #Disrupted, #Placements Refused, Male, Female, Inquiry Date, Application date, Approval Date (DHR), Age Range Male & Female, Number, Ethnicity, Special Needs and Acceptable Background Factors.

Enter the date (MM/DD/YY) this resource was approved by SDHR for adoptive placement.

DISAPPROVAL DATE: If appropriate, enter the date (MM/DD/YY) the resources approval to adopt was denied.

APPROVAL REVOKED DATE: If appropriate, enter the date (MM/DD/YY) the resource's approval to adopt was revoked.

SEMI-ANNUAL REVIEW DATE: Enter the date (MM/DD/YY) of the six-month contact with the approved prospective adoptive resource.

WITHDRAWN DATE: If appropriate, enter the date (MM/DD/YY) the prospective resource withdrew their inquiry/application to adopt.

WITHDRAWN REASON: Enter the two-digit code to indicate the reason the prospective resource withdrew their inquiry/application to adopt. This item must be completed if an entry is made in the field for Withdrawn Date.
> **01** - Finances Insufficient
> **02** - Marital Problems
> **03** - Medical Data Inconclusive
> **04** - Obtained Child From Other Source
> **05** - Pregnancy
> **06** - Other

HOLD INITIATION DATE: Enter the anticipated or actual (MM/DD/YY) that a "hold" was placed on the approved resource. Completion of this element indicates this resource is temporarily unavailable as a placement resource. An entry in this field requires an entry in the field for Hold Expiration Date.

HOLD EXPIRATION DATE: Enter the anticipated or actual date (MM/DD/YY) that "hold" on this resource expires. If the resource remains in hold status past the expiration date, an exception will be generated.

Note: Updates of the following fields are not permitted upon placement of a child with the adoptive resource: Inquiry Date, Application Date, Approval Date (DHR), date, Withdrawn Reason, Hold Initiation Date and Hold Expiration Date. This to insure that data regarding the adoptive resource's approval status is retained for historical purposes.

SECTION B – CHILD SPECIFICATIONS

Items in this Section refer to the types(s) of child(ren) in whom this prospective resource has expressed interest.

AGE RANGE MALE: Using lead zeros, enter the range of ages of male children this resource has indicated a willingness to consider. If the resource is not interested in adopting a male child, zeros should be entered in all fields. The first two fields indicate the minimum age child acceptable; the second two fields indicate the maximum age child acceptable. Entry in these fields can only be in whole years. For example, a resource requesting placement of a child no more than 6 months of age would be entered as 00 to 01.

AGE RANGE FEMALE: Enter the range of ages of female children this resource has indicated a willingness to consider. For a resource requesting placement of a child between the age of 3 years and 6 years, the entry would be 03 to 07. This indicates the resource is willing to accept a child up until her seventh birthday.

NUMBER: Using lead zeros, enter the number of children the prospective resource would consider adopting.

ETHNICITY: Enter the code to indicate the ethnicity of a child(ren) the prospective resource would consider adopting:

> **WH** - White
> **BL** - Black
> **AI** - American Indian
> **AP** - Asian or Pacific Islander
> **HI** - Hispanic
> **UN** - Unknown
> **NP** - No Preference

SPECIAL NEEDS: Enter the code(s) to indicate those special needs children the prospective resource would consider adopting. A maximum of 6 codes may be entered.

> **01** - Child Over 8 Years Old
> **02** - Sibling Group (Over 3)
> **03** - Minority Group
> **04** - Mentally retarded
> **05** - Emotional Problems
> **06** - Permanent Physical Disability

ACCEPTABLE BACKGROUND FACTORS: Enter the code(s) to indicate which of the listed factors in the child's background are acceptable to the prospective resource. Fourteen codes may be entered.

01 - Drug Abuse
02 - Emotional Problems
03 - Diagnosed Psychotic
04 - Slow Learner
05 - Diagnosed Mentally Retarded
06 - Tuberculosis
07 - Diabetes
08 - Cancer
09 - Epilepsy
10 - Heart Disease
11 - Sickle Cell Trait / Disease
12 - Incest
13 - Foundling
14 - Criminal Record

WORKER TICKLER – DATE AND ACTIVITY: Enter the date and a description of an activity for which the worker wishes to receive a reminder.

Prospective Adoptive Resource Turnaround Document

A TAD is produced each time a prospective resource is registered or updated. The worker should proof the TAD to assure the information entered is correct.

To add or correct data, cross out old or erroneous data and enter the new information using red ink. Submit the updated TAD to the DEO for entry on the system.

D.   SUPPORT SUBSYSTEM

ACWIS User Registration Form

The User Registration Form is used to gather information necessary to register an authorized user on ACWIS, including the CA/N Central Registry and the Family Services System.   In the County, the County Director has responsibility for determining which staff needs access. All county users must be registered under the sign-on of a person with a Security Level of 10 (Director, Assistant Director, etc.).

Counties should keep the registration of all users current. Counties will receive quarterly the Registered ACWIS Users Report **(PSCWB445A)**, which can be used to verify user registration.

SSN: Enter the user's social security number.

SUPERVISOR NUMBER (IF SUPERVISOR): If the user registered is also a supervisor of caseworkers, enter the two-digit code assigned by the County Director.

NAME: Enter the user's last name, first name, and middle initial.

COUNTY: Enter the user's two-digit county code.

SSN OF USER'S SUPERVISOR: Enter the social security number of the user's supervisor. An entry in this field is required if the user's ACWIS Security Level is 08, 11, 12 or 13.

START DATE: Enter the date (MM/DD/YY) the user became an authorized user of ACWIS.

END DATE: Enter the date (MM/DD/YY) the user is no longer an authorized user of ACWIS.

PASSWORD: Enter the password selected by the user. It may contain up to six letters and/or numbers.

ACWIS SECURITY LEVEL: Enter the two-digit code of the user's ACWIS security level. Codes for County Departments are:

        10 -   Director, Assistant Director, Administrative Supervisor
        11 -   Direct Supervisor
        12 -   Caseworker
        13 -   CWOA

See Code Values for State Office Codes Report # PSCWZ445A – Registered ACWIS Users.

ACCESS: Enter the one-digit code to indicate the authority the user has to utilize ACWIS:

- **I** - Inquiry Only
- **B** - Both Inquiry and Update

FAMILY SERVICES SYSTEM SECURITY LEVEL: Enter the two-digit code of the user's FSS security level. Codes for County Department are:

- **00** No Access
- **06** County Director, Assistant Director, Program Manager/Supervisor
- **08/09** County Service Supervisor
- **10** County Service Worker
- **11** County Data Entry Supervisor
- **12** County Data Entry Operator
- **13** County Clerk

See Code Values for State Office Codes Report # PSCWZ445A – Registered ACWIS Users.

CA/N CENTRAL REGISTRY SECURITY LEVEL: Enter the two-digit code 14 for the user's assigned CA/N Central Registry Security Level. CA/N Central Registry Security Levels for County Departments are:

See Code Values for State Office Codes Report # PSCWZ445A – Registered ACWIS Users.

Note: There are three fields on the User Registration /Update screen which are not accessible by the county: Program Effort Code, TCM Certification Date and TCM Last Audit Date. These fields are system-generated or are registered by the State Office.

All users who are to have access to ACWIS are required to read and sign Form DHR-PAD-1533, Confidentiality Agreement. The user's assigned security levels (ACWIS, FSS and CA/N Central Registry) must be indicated at the bottom of the form. This form is to be completed in duplicate with a copy given to the user. The original signed form is to be kept in a locked file. (Note: If the user has already signed a 1533 relating to access to other program areas, it is not necessary to complete a new form. The user's ACWIS, FSS and CA/N Security Levels should be added to the form with the change dated and initiated.)

IV.   FINANCIAL PROCEDURES PAYMENT SUBSYSTEM

A.   General Information

Beginning December 2001, foster care payments are approved through the ACWIS Payment Subsystem that can be accessed through the ACWIS Master Menu. Payments including regular board, difficulty-of-care level one, difficulty-of-care level two and telephone/mail will be generated by the payment subsystem through regular and supplemental payrolls.

ACWIS reports will be produced for County Departments and Finance Partnership to facilitate the tracking and monitoring of all payments generated by the payment subsystem. Access to screens will be permitted based on security levels.

B.   Board Payments

1.   REGULAR BOARD PAYMENTS

The ACWIS payment subsystem will determine from the Child Data and Provider Data files the regular board payments, if any, for children in foster care during the prior calendar month. A child must be registered on ACWIS to approve a payment. ACWIS information must reflect the child's current situation; placement type, provider number, custody status, room and board indicator (REG BOARD) must be set to "Y", if the child is eligible for a regular board payment. The payment category/type will be captured from ACWIS, if the payment type field is blank, the default category will be ACFC. The foster care provider must be registered on ACWIS with a provider number, provider type, and the provider rate must equal RB, to receive a regular board payment.

(a)   Calculation of Regular Board Payment

The *regular board payment* is based upon the child's age and may be approved for children. When a payment is manually calculated, the payment is to be approved at the higher rate for the month during which the child's birthday occurs. For example child turns 3 years old on 7/3/2001, the payment would increase for the payment month of July 1, 2001.   The maximum monthly payments are as follows: **(1) 0-2 years old - $410; (2) 3-5 years old - $423; (3) 6-12 years old - $434; (4) 13-18 years old - $446.**

2.   **Difficulty-Of-Care Level One**

The ACWIS payment subsystem will determine from the child data file the Difficulty-of-care level #1 payment, if any, for children in foster care during the prior calendar month. The level one current initiated (INIT) date field must consist of a date for approval of a payment. The level one initiated date must be completed for each child movement during the month. Leave the initiated (INIT) field blank, if the child is not eligible to receive this payment. If the child becomes ineligible or placement ends during the month, the terminated date should be completed.

(a)   **Calculation of Difficulty-of-Care Level One**

The *difficulty-of-care level one* payment may be approved for children in foster care who meet the requirements. The maximum monthly payment for level one is $50, and a regular board payment may be added to the level one for children in foster family homes.

3.   **Difficulty-Of-Care Level Two**

The ACWIS payment subsystem will determine from the child data file the Difficulty-of-care level two payment, if any, for children in foster care during the prior calendar month. The level two current initiated (INIT) date field must consist of a date for approval of a payment. The level two initiated date must be completed for each child movement during the month. Leave the initiated (INIT) field blank, if the child is not eligible to receive this payment. If the child becomes ineligible or placement end during the month the terminated date should be completed.

(a)   **Calculation of Difficulty-of-Care Level Two**

The *difficulty-of-care level two* payment may be approved for children in foster care who meet the requirements. When a payment is manually calculated, the payment is to be approved at the higher rate for the month during which the child's birthday occurs. For example a child turns 3 years old on 7/3/2001, the payment would increase for the payment month of July 1, 2001. The maximum monthly payment for level two are as follows: **(1) 0-2 years old - $470; (2) 3-5 years old - $483; (3) 6-12 years old - $494; (4) 13-18 years old - $506.**

4. **Difficulty-Of-care Level Three**

The regular board payment will be approved for these children on the ACWIS Payment Subsystem. The ACWIS Child Data must reflect the Regular Board Indicator "Y" (Yes) and Placement Type 22, Therapeutic Foster Family Home. Payments for therapeutic foster care and medically fragile core contract services will **not** be generated by the ACWIS Payment Subsystem. For children in a therapeutic foster homes under contract, difficulty of care payments are to be approved on the service approval form **PSD-OSS-724** following procedures outlined in the Family And Children's Services Manual.

5. **Telephone/Mail Allotments**

The ACWIS payment subsystem will determine from the Child Data file the telephone/mail allotment, if any, for children in foster care during the prior calendar month. The telephone/mail allotment initiated (INIT) date must consist of a date for approval of an allotment. The telephone/mail initiated date must be updated for each child movement. Leave the initiated (INIT) field blank, if the child is not eligible to receive this allotment. If the child becomes ineligible or placement ends during the month enter the date of termination from care or the date that the child changed placements.

6. **Calculation Of Partial Month Payments**

Payments for regular board, difficulty-of-care level one, level two and telephone/ mail allotments for *less than a full month*, when foster care is initiated or terminated the payment is to be completed at 1/30 of the monthly rate times the number of days the child is in care. The payment is to begin on the first day of placement and ends on the last full day of care. For example, a child is placed in care on September 15th and remained in the same home for the remainder of the month. The provider would be paid for 16 days (30-15=15+1) of care. The same would be true, if there were 31, 28 or 29 days in the month. If a child is in more than one foster home during the same month, payment will begin the first day of placement and end the last full day of care. For example, a child enters a foster home on August 1st and is moved to a second provider on August 15th . The first foster home would be paid for August 1st through August 14th. Payment to second provider would begin on August 15th.

C. **Children With Income**

1. **Processing Payments For Children With Income Less Than Board Rate**

A full board payment will be issued for children whose income is less than the regular board rate. The regular board field for these children should be set to "Y"

(YES) to generate a predicted payment file. When a payment is approved for a child who has income, the County DHR will transmit the child's income from private earmarked funds (child's private account) to SDHR.

(a) In cases, where children receive child support payments and the child's income is less than the regular board rate set the regular board indicator (RB) to Y (yes) on ACWIS. A full board payment will be issued; all accounting will be done by SDHR.

2. **Children with Income greater than or equal to the regular board payment**

(a) When the child's income is greater than or equal to the board payment, the County DHR will continue to make board payments from private earmarked funds. For children who receive SSI, the regular board indicator (RB) should be set to N (no) on ACWIS. If the Difficulty of Care Level #1, Level #2 and/or Telephone/Mail Allotment initiated dates are blank or the terminated date is past the prior month, no payment will be listed on the predicted payment report.

(b) When the child's child support income is greater than the regular board rate and/or a determination has been made by the Office of Child Welfare Eligibility or SDHR that the child is ineligible, set the regular board indicator (RB) to N (no) on ACWIS. When the board payment is terminated, payments to the provider should be paid from the child's private earmarked account. Child support collections that exceed the board payment will be sent to the County.

3. **Procedures For Reimbursement Of Placement Cost To State From Child Income**

All contributions, benefits (social security (SSA), Veterans Administration (VA), child earmarked funds are not to be used to pay the difficulty-of-care payments or the telephone and mail payment. In order to facilitate the transmittal of the child's private earmarked funds to SDHR, a form template has developed for the County DHR use. The form template and instructions have been loaded on the shared drive and can be accessed by using the following path F:\Shared\fcs\Cwpolicy\Bdpaymnt\PCReim.xlt. The instructions are located on sheet 2 of the template. The finance officer or CWOA should complete the form and make one copy. Mail the original with the check to the Finance Partnership. The County should maintain the copy with the disbursement form in the local files.

D. **Processing Payments For Foster Children Who Attend A College, University Or Vocational Training School And Live Away From The Foster Home**

Foster children who attend a college, university, vocational training school, Talladega School for Blind and Deaf, etc. and lives away from the foster home during the week (such as in a dormitory) may receive a regular board payment for the actual number of days the child is in the foster home. ACWIS will calculate a payment provided the provider and child are registered on ACWIS. The regular board indicator (RB) must be set to Y (Yes) for ACWIS to calculate a payment.

E. **Processing Dual Payments**

Occasionally, it may be necessary to continue a board payment for a child in one foster family home or group facility while making an additional board payment to another home/facility where a child is placed temporarily. This situation may occur when a child goes for a trial visit and payment needs to be continued to the first provider in order to hold the child's place in the event he/she needs to be returned. In order to make a dual payment, continue the child placement on ACWIS with the first provider and the payment would be approved on the predicted payment report. The payment to the additional provider will be processed following procedures outlined in *Chapter IV, Section I –3 and 4.1 in Data Entry Procedures entitled, "How To Approve A Dual Payment or Print Add Adjustment Payment Form" and "How To Approve An Adjustment (Authorized Staff Only)."*

F. **Approval Of Board Payments**

1. **Approval Of Predicted Payments For Regular Payroll**

   Using information from the Child Data files, the ACWIS payment subsystem will determine the regular board payments, difficulty-of-care payments (Level One and Level Two) and telephone/mail payments, if any, for children in foster care during the prior calendar month. A predicted payment report will be created after the close of business on the last workday in the month. The report will be part of the down line print available on the 1st workday of the month. The report will list each child and provider indicating the payment to be approved by the County Department for the placement month. The Payment Subsystem calculates the number of payment days, daily rate and payment amount and displays the provider name, number and mailing address on the predicted payment report. The assigned worker may approve or delete payments listed on the report only. The worker will use this report to approve the payment. Write "Pay" next to payments that are to be approved. Write "Delete" next to payments to be deleted from the predicted payment file. If placement data is incorrect, the worker or data entry staff will delete the payment and return to ACWIS Master Menu and follow instructions to update placement data. Once a payment is deleted from the predicted payment file, the payment will no longer be available for approval. The worker will need to follow instructions found in *Chapter IV, Section I-3 on Data Entry Procedures* to add the payment to the file. If the provider address or name is incorrect, the information must be corrected in the Provider Data Subsystem prior to approval of payment.

   After a determination of approval or delete has been made the worker, data entry operator or county's designee will enter approval or delete onto the payment subsystem using instructions found in *Chapter IV, Section I-2 on Data Entry Procedures* for Approval of Predicted Payments for Worker-Provider. The Predicted Payments Report should be maintained in a centralized location within the Family Services Unit.

   The predicted payment file must be processed three workdays prior to the tenth (10th) of each month in order to produce the regular payroll on the 10th. **Exception**: If the tenth (10th) of the month falls on a weekend or holiday the deadline will be three (3) working days prior to the holiday or weekend. **Example**: The predicted payments report for the month of September 2001 will be available for down line print on October 1, 2001 and the deadline for approving September 2001 payments will be October 4, 2001. Payments not approved by this deadline will not be mailed on the 10th, if approved later; the payments will be processed on the next scheduled payroll.

2.   **Approval Of Add Payment On The Regular Payroll**

The Add Payment For Provider-Child will allow designated staff to approve payments for placements that were not registered on ACWIS, provider not registered on ACWIS, placement type was coded incorrectly on ACWIS or payments that were deleted from predicted payment file due to an error in placement data.   The child and provider must be registered on ACWIS prior to approval of an add payment. Payments may be approved for up to 12 months prior to the current month. The worker must complete a separate form for each month. For example, payment is needed for care beginning June 20 through July 31. One authorization for the June period is required and a separate authorization for the July period is required. The worker will follow instructions to print the Add Placement form found in *Chapter IV, Section I-3 on Data Entry Procedures.* The worker will complete this form in triplicate, original and a copy goes to the supervisor for approval and a suspense copy remains in the record until the approved copy is returned from data entry.   The supervisor or designated person will input the data onto the payment subsystem following instructions found in ACWIS User's Manual for Add Payment for Provider-Child Placement. After the input, an approval turnaround document (TAD) will print showing "Payment Approved" and the pencil copy should be returned to worker for filing in the case record. The suspense copy can be destroyed once the approved copy is returned.   The original copy of the add placement form and turnaround document (TAD) showing "Payment Approved" should be forwarded to the CWOA/Finance Officer for filing.

Note: A back-up person(s) may be designated to verify, approve, delete, make changes or add information in the absence of the regular worker.

3.   **Approval Of Add Payment On The Supplemental Payroll**

The Add Payment For Provider-Child will allow authorized staff to approve payments for placement that were not approved prior to the regular payroll deadline. The child and provider must be registered on ACWIS prior to approving the payment. These payments may be for the current payment period or a prior payment period(s) in which no previous check was issued for the child. Payments may be approved for up to 12 months prior to the current month. The worker must complete a separate form for each month. For example, payment is needed for care beginning June 20 through July 31. One authorization for the June period is required and a separate authorization for the July period is required. Follow instructions outlined for *ADD PAYMENT OUTLINED IN DATA ENTRY PROCEDURES Chapter IV, SECTION I- 3.1.*

4.   **Approval Of An Add Adjustment Payment**

The Add Adjustment Payment will allow designated staff to approve underpayments due to incorrect date of birth on ACWIS, placement dates incorrect, etc. The Add Adjustment Payment maybe used to approve a dual payment as outlined above.   The provider and child must be registered on ACWIS to generate a payment. Payments may be approved for up to 12 months prior to the current month. The worker must complete a separate form for each month. For example, payment is needed for care beginning June 20 through July 31. One authorization for the June period is required and a separate authorization for the July period is required. The Service Worker will follow instructions to print an adjustment payment form found in *Chapter IV, Section I-4 on Data Entry Procedures.* The worker should document computation of payment(s) or underpayment on the form. Each payment must be computed separately and entered separately by data entry.   The worker will complete this form in triplicate, original and a copy goes to the supervisor for approval and a suspense copy remains in the record until the approved copy is returned from data entry.   The supervisor or designated person will input the data onto the payment subsystem following instructions found in *Chapter IV, Section I-4 on Data Entry Procedures* for Add Adjustment for Provider-Child Placement. After the input, the approved copy of the Add Adjustment form denoting payment added and screen print showing "Payment Approved" should be returned to worker for filing in the case record. The suspense copy can be destroyed once the approved copy is returned.   Counties shall forward the original copy and screen print showing "Payment Approved" to the CWOA for filing.

G.   **Timeframes**

1.   **Data Entry**

(a)   Regular payroll approvals are to be completed three workdays prior to the tenth (10th) of each month to be processed on the regular payroll. Exception: If the tenth (10th) of the month falls on a weekend or holiday the deadline will be three (3) working days prior to the holiday or weekend. Example: The deadline for approval of payments for the month of September is October 4th of every year.

(b)   The supplemental payroll approvals are to be completed three workdays prior to the 20th of the month. Exception: If the 20th of the month falls on a weekend or holiday the deadline will be three workdays prior to the holiday or weekend.

(c) The predicted payment file will be cleared after the supplemental payroll deadline. Predicted payments listed on the Payment Not Approved Report **(PSCWB517A)** will no longer be available to approve on the Approval of Predicted Payments for Worker-Provider Screen.

(d) Payments approved after the supplemental payroll will be processed on the next scheduled payroll.

2. **WARRANTS**

(a) Regular payroll warrants to the providers will be mailed on the 10th of each month. Exception: If the 10th of the month falls on a weekend or holiday the warrants will be mailed on the last workday prior to the holiday or weekend.

(b) Supplemental payroll warrants to the providers will be mailed on the 20th of the month. Exception: If the 20th of the month falls on a weekend or holiday warrants will be mailed on the last workday prior to the holiday or weekend.

3. **Processing Hold Order And/Or Disposition Advice**

Process all hold orders and/or disposition advice and address changes by e-mail using a Hold Order and/or Disposition Advice and Address Change Mailing Slip template. Address changes submitted using these instructions will print a mailing slip for mailing of returned or current warrant *only*. The address change should be completed on ACWIS to effect the change. The template has been loaded on the shared drive and can be accessed by using the following path: F:\Shared\fcs\Cwpolicy\Bdpaymnt\HldOrd.xlt. The e-mail address is *Assistance Payments*. The instructions for completion of the form template are located on sheet 2 of the template. Therapeutic Providers address changes should be sent to SDHR, if the County does not register and maintain provider's record on ACWIS.

H. **Processing Overpayments**

Occasionally, a foster care provider will receive an overpayment that should be repaid. In these cases, the foster care provider will be expected to reimburse the State the amount of the overpayment. The worker must notify the foster parents of the amount of reimbursement due. The check or money order is to be made payable to the State Department of Human Resources and mailed to the Finance Partnership with a cover letter giving the child's name, case number, and number of days or amount to be reimbursed.

I.   **Data Entry Procedures**

1.   **General Information**

The Payment Subsystem is designed to approve foster care payments for children in foster care including difficulty of care level one and two, telephone/mail allotments and dual payments. The Payment Subsystem is a subsystem of *Alabama Child Welfare Information System (ACWIS)*. To access the payment subsystem log onto the *ACWIS Master Menu* **PSCWO405 (See Appendix A).** There are five options on the Payment Menu **(See Appendix A.1)**, *the Approval of Predicted Payments for Worker-Provider* **PSCWO515**, *Add Payment For Provider-Child Placement* **PSCWO510**, *Add Adjustment Payment For Provider-Child* **PSCWO520**, *Print Add Payment Placement Form* **PSCWO310**, *and Print Adjustment Payment Form* **PSCWO311**. The option *Approval of Predicted Payment For Provider (See Appendix B)* is used to approve payments listed on the Predicted Payments Report. ACWIS produces a *Predicted Payment Report* **PSCWB515A (See Appendix F)** identifying payments to be approved or deleted for the prior month. The assigned worker or data entry will approve or delete payments listed on the predicted payment report only. See Section B for instructions on approving or deleting payments. If a payment is deleted from the Predicted Payment File, the payment will no longer be available for approval. If a payment is deleted in error the worker will need to follow the instructions for adding a payment found in Section C. The option *Add Payment For Provider Child-Placement (See Appendix C)* is used for approval of payments not found on the predicted payment file or payments deleted from the predicted payment file which need to be approved. **(See Section C & C.1)** The option *Print Add Payment Placement Form (See Appendix C)* is used to print a copy of the *Add Payment Form (See Appendix C.1)* to be used by workers to get supervisory approval to add a payment to the file. Supervisors and Directors can approve payments using this option. The option *Add Adjustment Payment For Provider-Child (See Appendix D)* is used to correct an under payment to a provider who was previously issued a check. **(See Section D & D.1)** This option is also used to approve dual payments or respite care. **(See Section E & E.1)** Supervisors and Directors can approve payments using this option. The option *Print Adjustment Payment Form (See Appendix D.3)* is used to print a copy of the Adjustment Payment Form to be used by workers to request an adjustment due to an underpayment, to approve a respite care payment or dual payment. ACWIS security levels will be used to permit appropriate staff to approve payments. *See ACWIS Payment Subsystem Security (Appendix G)*

To approve a payment on the payment subsystem, the child and provider must be previously registered on ACWIS. ACWIS information must reflect the child and provider current situation: placement type, provider number, payment type, and room and board indicator. The foster care provider must be registered on ACWIS with a room and board (RB) rate. Regular board payments will not be calculated on cases in which the regular board indicator (RB) is equal to "N" (No). In addition, regular board payments will not be calculated on children in placement types **01**, **02**, **15**, **23**, and **77** refer to **Chapter III, Section D on Placement Data for an explanation of placement type codes**. To approve a telephone/mail allotment and/or level one and/or level two difficulty-of-care payments, the initiated date field on ACWIS must have a valid date.

The following reports will be available for down line printing or will be produced and mailed to County Departments:

PSCWB515A - Predicted Payment Report
PSCWB517A - Payments Not Approved Report
PSPAB295 - Age Alert List For Those Cases Where Children Turn 18
PSPAB425R - Requisition For Assistance / Regular Payroll Report
PSPAB425S - Requisition For Assistance / Supplemental Payroll Report

2.   **How To Approve A Payment From The Predicted Payment Report**

1. Double click on the **Extra Session 1** icon on the Windows Desktop. **The State of Alabama – Finance – Information Services Division** logon screen opens.

2. Type in **DHRCICS** and press **ENTER**. The blue CICS screens open.

3. Press the **PAUSE** key found on upper right hand of the keyboard. The screen will be blank.

4. Type in **CESN** and press **ENTER**. The sign on for CICS Release will open.

5. Type in your **USER ID** and **PASSWORD**. Press **ENTER**. Sign on complete will appear on the upper left-hand corner of the screen and the screen will remain blank.

6. Type in **A400** and press **ENTER**. The ACWIS login screen will appear.

7. Type in your **SSN** and **PASSWORD**. Press **ENTER**. The ACWIS Master Menu will appear.

8. Press the **TAB** key or, use the Mouse, to position the cursor on the line next to the subsystem you would like to view. Place a {**X**} on the line and press **ENTER**. The selected subsystem's menu will open.

9. The ACWIS Master Menu **PSCWO405** will appear

10. Select Payment Subsystem (Place a X to left of Payment Subsystem)

11. Select Payment Subsystem (Place a X to left of Payment Subsystem)

12. The ACWIS Payment Menu **PSCW0405 (See Appendix A.1)** will

13. Enter WORKER# _____PROVIDER#_____ (FROM THE PREDICTED PAYMENT REPORT **PSCWB515A SEE APPENDIX F)**

14. Select Option 1--- Approval of Predicted Payments for Worker-Provider

15. Press Enter

16. The Predicted Payments Approval Screen **PSCW0515** will appear **(See Appendix B)**

   A.   Verify the information is correct. If the address is incorrect, return to the ACWIS Master Menu; select the option to update the address and return to the Predicted Payment Approval Screen (**PSCWO515**) to approve the payment. Proceed to Number 11.

   B.   If placement data and/or payment amounts are incorrect, you must delete the payment and correct the information on ACWIS. When all data is correct, proceed to Section C to Add Payment For Provider-Child Placement.

Note: Once a payment is approved, the name and address cannot be changed on the predicted payment file. The warrant will be mailed to address on predicted payment file.

17. Key the Action Field **(See Appendix B.1)**
        A. **P**=Pay   B.   **D**=Delete

18. You may continue to update any payment listed on the approval Screen by entering the appropriate action in the Action Field.

19. Depress Enter to Update

20. Message will appear in upper left corner **"Verify and Press PF2 to Process." (See Appendix B.2)**

21. Press PF2 to Update, Result Field will read **"Approved" or "Delete"**

22. You have several options, listed at the bottom of the screen. You may return to the Payment Menu by pressing **PF3** or press **PF5** to update the next provider for the same worker.   To update the next worker's payments, you must return to the Payment Menu.

3. **How To Add A Payment/Print Add Payment Placement Form (Worker)**

1. From the ACWIS Master Menu **PSCWO405**

2. Select Payment Subsystem **(See Appendix A)**

3. The ACWIS Provider Payment Menu **PSCWO500** will appear **(See Appendix A.1)**

4. Enter the Provider # and Child SSN

5. Select Add Placement Payment Form **(See Appendix C)**

6. Depress Enter

The Add Payment Form **PSCW0310 (See Appendix C.1)** will print on usual county designated printer. Payments may be approved for up to 12 months prior to the current. A separate Add Payment Form must be completed for each month. The provider and child data will be computer generated, the worker will complete the blank spaces for the beginning and ending payment dates e.g. Child placed in care on August 1st and removed from care on August 15th, the payment would begin August 1st and end August 14th. The worker should document the reason for the request on the form. **(See Appendix C.2)** The worker should complete this form in triplicate copy. After completion of the required fields the worker signs as the requestor and submits the original and a copy to the approval authority, generally his/her supervisor for approval. A suspense copy should be maintained in the case file until a copy is returned from data entry. If the supervisor agrees he/she signs, dates the approval and enters the payment or forwards it to an approved data entry staff member for adding to the payment file. **(See Section C.1)**.

3.1   How To Add A Payment (Authorized Staff Only)

     1.   From the ACWIS Master Menu—Select Payment Subsystem **(See Appendix A)**

     2.   The ACWIS Payment Menu will appear **(See Appendix A.1)**

     3.   Enter the Provider# and Child SSN

     4.   Select Add Payment For Provider-Child Placement PSCWO500 **(See Appendix C.3)**

     5.   Depress Enter—The Add Payment PSCWO510 will appear **(See Appendix C.4)**

     6.   Enter the PMT BGN (Payment Begin Date MMDDYYYY) & PMT END (Payment End Date MMDDYYYY) **(See Appendix C.4)**

         A.   Payments may be approved for twelve (12) months prior to current month.

     7.   Depress Enter to Update

     8.   The payment subsystem accesses current ACWIS data, calculates the resulting data and displays the result. Message will appear "Verify and Press PF2 to Process." **(See Appendix C.5)**

     9.   Press PF2 will update payment file. Message will appear "Payment Approved and Added" **(See Appendix C.6)**. The payment will be added to next payroll run.

     10. Turnaround document (TAD) will print, forward the TAD with a copy of the Add Placement Form to originator. **(See Appendix C.7)**

4. **How To Complete An Adjustment/Print Adjustment Placement Payment (Worker)**

    1. From the ACWIS Master Menu **PSCWO405**—Select Payment Subsystem **(See Appendix A)**

    2. The ACWIS Payment Menu **PSCWO500** will appear **(See Appendix A.1)**

    3. Enter the Provider# and Child SSN

    4. Select—Add Adjustment Payment Form **(See Appendix D)**

    5. Depress Enter

The Add Adjustment Payment Form **PSCWO311 (See Appendix D.1)** will print on usual county designated printer. An Add Adjustment Payment may be approved for up to 12 months prior to the current month. A separate form must be completed for each month involved in the adjustment. The provider and child data will be computer generated, the worker will complete the blank spaces for the PMT BGN (Payment Begin Date), PMT END (Payment End Date), REG BOARD (Regular Board Payment Amount), LV1 AMT (Level One Amount), LV2 AMT (Level Two Amount), TM AMT (Telephone/Mail Amount) and TOT PYMT(Total Payment) . The worker should document the reason for the adjustment and computation of the amount of payment on the form. **(See Appendix D.2)** Complete this form in triplicate. The original and copy to be forward to supervisor and a suspense copy maintained in case file until a copy is returned from data entry. After completion of the required fields, the worker signs as the requestor and submits to the approval authority, generally his/her supervisor. If the supervisor agrees he/she signs and dates the approval and enters the payment or forwards it to an approved data entry staff member for adding to the payment file. **(See Section D.1)**.

4.1 **How To Approve An Adjustment (Authorized Staff Only)**

    1. From the ACWIS Master Menu **PSCWO405**—Select Payment Subsystem **(See Appendix B)**

    2. The ACWIS Payment Menu **PSCWO500** will appear **(See Appendix A.1)**

    3. Enter the Provider# and Child SSN

    4. Select Add Adjustment Payment **(See Appendix D.3)**

5.   Depress Enter—The Add Adjustment Payment PSCWO520 will appear **(See Appendix D.4)**

6.   Enter the PMT BGN, PMT END, and AMT(S) & TOT PYMT(Total Adjustment Amount) to be adjusted in appropriate field(s). **(See Appendix D.5)**

   A.   Payments must be entered separately for each month involved in the adjustment. A separate Add Adjustment Form is required for each month to be adjusted.

7.   Depress Enter to Update, this message will appear, "Verify and Press PF2 to Update" **(See Appendix D.6)**

8.   Depress PF2, this message will appear, "Adjustment Approved and Added" **(See Appendix D.7)**

9.   The payment will be added to the next payroll run.

10.   Turnaround document (TAD) will print, forward the TAD with a copy of the Add Adjustment Form to the originator.

5. **How to Approve A Dual Payment or Print Add Adjustment Payment Form**

1. From the ACWIS Master Menu **PSCWO405**-Select Payment Subsystem **(See Appendix A)**

2. The ACWIS Payment Menu PSCWO500 will appear **(See Appendix A.1)**

3. Enter the Provider# and Child SSN

4. Select—Add Adjustment Payment Form **(See Appendix E)**

5. Depress Enter

The Add Adjustment Payment Form **PSCWO311 (See Appendix E.1)** will print on usual county designated printer. A separate form must be completed for each month involved in the adjustment. The provider and child data will be computer generated, the worker will complete the blank spaces for the PMT BGN (Payment Begin Date), PMT END (Payment End Date), REG BOARD (Regular Board Payment Amount), LV1 AMT (Level One Amount), LV2 AMT (Level Two Amount), TM AMT (Telephone/Mail Amount) and TOT PYMT(Total Payment) . The worker should document the reason as a dual payment or respite care **(See Appendix E.2)**. The computation fields should be left blank. The worker should complete this form in triplicate. The original and copy to be forward to supervisor and a suspense copy maintained in case file until a copy is returned from data entry. After completion of the required fields, the worker would sign as the requestor and submit to the approval authority, generally his/her supervisor for approval. If the supervisor agrees he/she will signs and dates the approval and enters the payment or forwards it to an approved data entry staff member for adding an adjustment payment.

5.1 **How To Approve A Dual Payment**

1. From the ACWIS Payment Menu--Select Add Adjustment Payment For Provider-Child **(See Appendix E)**

2. Depress Enter—The Add Adjustment Payment PSCWO520 will appear **(See Appendix E.3)**

3. Enter the PMT BGN, PMT END, and AMT(S) to be adjusted in appropriate field(s) & TOT PYMT(Total Amount of Adjustment). **(See Appendix E.4)**

       A.   Payments must be entered separately for each month involved in the adjustment. Payments may be approved for twelve (12) months prior to current month.

4.   Depress Enter to Update, this message will appear, "Verify and Press PF2 to Update" **(See Appendix E.5)**

5.   Depress PF2, this message will appear, "Adjustment Approved and Added" **(See Appendix E.6)**

6.   Turnaround document (TAD) will print, forward the TAD with a copy of the Add Adjustment Form to the originator. **(See Appendix E.7)**

V. **ACWIS SCREENS**

A. **General Information**

This chapter contains the detailed instructions for use of the Alabama Child Welfare Information System screens. Screens are displayed on a CRT (cathode ray tube) terminal and may be used for three purposes: data entry, data updating, and inquiry. They provide immediate access to the most current information on hand in the database.

Each screen displays the screen ID, the Title, and the current Date/Time. Any information displayed on the screen may be reproduced in printed form by the printer on site. A printed screen image of the CHILD DATA FORM, ADOPTION TRACKING FORM, PROVIDER DATA FORM, or PROSPECTIVE ADOPTIVE RESOURCE FORM will consist of only the section of the form appearing on the screen at the time of printing. In addition, each time an entry or update is made to the data base, an appropriate TAD will be printed automatically in the county office immediately or at some time before the end of the next working day.

In most cases the data entry operator and/or other designated individuals within the county will have the responsibility for pulling up the screens. Most screens are designed to be used by specific levels of staff, and are available only to users with appropriate ID's.

Caseworkers have access to all children, legal parents, and providers in their caseload. Supervisors, administrative supervisors, assistant directors, and directors have access to all cases in their county. Selected SDPS staff can access the entire data base with the exception of data regarding children placed for adoption. Only the Division of Adoptions and the Family and Children's Services Bureau Director and Assistant Directors will have complete access to data on children including those who have been placed for adoption.

Special messages will be displayed at the bottom of the screen to indicate an error or a completed transaction. Each screen will display "transaction completed" or another standardized exception edit message. Any additional messages will be noted with the discussion about a specific screen.

B.   CLIENT SUBSYSTEM

Information on each screen of the Client Subsystem can be found in this section in the format of one screen per page.

SCREEN

NAME: **CLIENT MENU**

ID: CLNT 001

PURPOSE: This screen is used to select an on-line action. User ID and password must correlate in order to obtain access to any of the other screens.

ACCESS: No restrictions. All authorized users of ACWIS have access to this screen.

DESCRIPTION: This screen lists all other screens available on the client subsystem. Selection must be made on this screen before proceeding to another screen.

SCREEN

NAME: **CHILD REGISTRATION**

ID: CLNT 002

PURPOSE: This screen is used for three purposes. First, it is a data entry screen, which uses the CHILD DATA FORM as its source document. Second, it is used as an update screen, which uses the CHILD DATA TAD as its source document. Third, it is used as an inquiry screen to reflect the most current data stored in the database on the child.

ACCESS: All authorized users of ACWIS in the County office with responsibility for the child have access to the screen. The record key for this screen is the child's Social Security Number combined with the worker's payroll number. SDPS will also have access to this screen for inquiry status only.

DESCRIPTION: The child data is actually displayed on four screens:

CLNT 002 This screen displays demographic information including Date of Birth, Sex, Ethnicity, Social Security Number, etc.

CLNT 003 This screen displays case data including legal, planning, and policy compliance data.

CLNT 004 This screen displays eligibility, medicaid, service, and payment, and child's income data.

CLNT 005 This screen displays placement data including the name of the provider and the date the child was placed. Information on Specialized Service Fee, Nursing Care, and ICPC will also be noted if applicable. The bottom of this screen displays any tickler the worker may request specific to this case.

SCREEN

NAME: **CHILD'S LEGAL PARENTS**

ID: CLNT 006

PURPOSE: This screen allows for the entry/update of information about a child's legal parent(s). Changing the Social Security Number of the legal parent will change the legal parent of the child on ACWIS.

ACCESS: All authorized users of ACWIS in the County office with responsibility for the child have access to the screen. The record key for the screen is the child's Social Security Number combined with the worker's payroll number. SDPS will also have access to this screen for inquiry only.

DESCRIPTION: This screen displays demographic information of the legal parents of the specific child including Birth Date, Ethnicity, Marital Status, etc.

SCREEN

NAME: **ADOPTION TRACKING**

PURPOSE: This screen is used to register and update information from the Adoption Tracking Form (DHR-DFC-1370). It allows the user to monitor a child's adoption from the time of placement through the legal proceedings to finalization.

ACCESS: All authorized users of ACWIS in the County office who have responsibility for supervising the child in the adoptive home have access to this screen. Certain restricted SDHR staff also have access to this screen.

DESCRIPTION: The first screen displays identifying information about the child and adoptive parents. It also gives the adoption type, placement date, and ICPC and adoption subsidy information. The second screen gives the dates of legal proceedings.

SCREEN

NAME: **REFERRALS TO CHILD CARE INSTITUTIONS AND GROUP HOMES**

ID: CLNT 013

PURPOSE: This screen is used to register/update all children who are referred to all ChildCare Institutions and Group Homes. This screen uses the REFERRALS TO CHILDCARE INSTITUTIONS AND GROUP HOMES FORM as its source document for initial entry and the "Referrals pending" report as its source document for updates.

ACCESS: All authorized users of ACWIS in the County office with responsibility for the child have access to the screen. The record key for this screen is the child's Social Security Number combined with the worker's payroll number. SDPS also has access to this screen.

DESCRIPTION: This screen displays all data contained on the REFERRALS TO CHILDCARE INSTITUTIONS AND GROUP HOMES FORM.

SCREEN

NAME: **CHILD MOVEMENT INQUIRY**

ID: CLNT 016

PURPOSE: This screen is used to inquire all the movements related to a specific child. This screen will use the CHILD DATA FORMS and the CHILD MOVEMENT/DISCHARGE and the CHILD MOVEMENT MAINTENANCE screens as its resources.

ACCESS: All authorized users of ACWIS in the County office with responsibility for the child have access to the screen. The record key for this screen is the child's Social Security Number and the worker's payroll number. SDPS has inquiry access to this screen.

DESCRIPTION: This screen displays movement of the child in and out of placement. Included on this screen are the placement date, placement type, provider number, provider name, placement change reason, and the child's case number.

MESSAGE   "No Movement Data For This Child"
          "Child Not Found"
          "Additional Movement History"

SCREEN

NAME: **SIBLING INQUIRY**

ID: CLNT 017

PURPOSE: This screen is used to display the legal parents of a child and all siblings of that
             child who have at least one legal parent in common.

ACCESS: All authorized users of ACWIS in the County office with responsibility for the
             child have access to the screen. The record key for this screen is the child's
             Social Security Number and the worker's payroll number. SDPS has inquiry
             access to this screen.

DESCRIPTION: This screen displays certain demographic information on legal parents of a
                 specific child. Siblings, sharing at least one of the legal parents indicated,
                 are listed by name. Information includes the Social Security Number, Sex,
                 Birth Date, and Relationship of all siblings registered on ACWIS.

MESSAGE   "Press Enter To Return To Menu"

NOTE: Children currently in adoptive placement are not displayed. County 70 (Division
            of Adoption) will appear for child in SDPS permanent custody, but not in an
            adoption placement.

SCREEN

NAME: **CHILD PERMANENT PLAN INQUIRY**

ID: CLNT 018

PURPOSE: This screen is used to display a child's history of permanent plan from the time the child entered foster care to the time at which he was discharged.

ACCESS: All authorized users of ACWIS in the County or State office with responsibility for the child have access to the screen. The record key for this screen is the child's Social Security Number combined with the worker's payroll number.

DESCRIPTION: This screen displays a list of the dates a permanent plan was established, the permanent plan, and the month and year of the anticipated discharge.

MESSAGE   "Press Enter to Return To Menu"
           "No Permanent Plans Available For Child"
           "Additional Plan Available – Press PFX"

SCREEN

NAME: **STATE TRANSFER OF ADOPTIVE CHILD**

ID: CLNT 019

PURPOSE: This screen is used to assign a new unique identifier and child name to an adoptive child. The county where the child is placed with an adoptive resource will be notified by the Department of Human Resources of the child's name and system-generated SSN so the child can be registered on the ADOPTION TRACKING FORM.

ACCESS: Department of Human Resources personnel only (Division of Adoption)

DESCRIPTION: This screen displays the old Social Security Number and child's name with the new unique identifier and his new name. This screen ties the data before and after an adoptive placement together. The new unique identifier and the new name will be stored in the child generic file as the current name.

C.   **PROVIDER SUBSYSTEM**

Information on each screen of the Provider Subsystem can be found in this section in the format of one screen per page.

SCREEN

NAME: **PROVIDER MENU**

ID: PROV 001

PURPOSE: This screen is used to select other screens available in the Provider Subsystem.

ACCESS: No restrictions.

DESCRIPTION: The screen lists all other screens available on the Provider sub-system. Selection must be made on this screen before proceeding to another screen.

MESSAGE: "Unauthorized Selection"

SCREEN

NAME: **FOSTER CARE PROVIDER**

ID: PROV 002

PURPOSE: This screen is used for three purposes. First, it is a data entry screen, which uses the PROVIDER DATA FORM as its source document. Second, it is used as an update screen, which uses the PROVIDER DATA TAD as its source document. Third, it is used as an inquiry screen to reflect the most current data stored in the database on the provider.

ACCESS: All authorized users of ACWIS in the County office will have access to all Foster Family Homes in the County and all Child Care Institutions, Group Homes, and Child Placing Agencies. SDPS will have access to all Providers of Foster Care. The record key is the Provider Identifying Number and the worker's payroll number.

DESCRIPTION: The provider data is actually displayed in two screens:

PROV 002   The first screen displays basic information about the provider type, the type children served, and the current operating status.

PROV 003   The second screen divides the type of provider into two groups. Group Homes and Institutions list a contact person, geographic area served, dates of the last fire and health inspection, etc. Demographic information is provided on foster parents including their Social security Numbers, dates of last medical, a list of any training, etc.

MESSAGE: "Press Enter To Continue"

SCREEN

NAME: **PROSPECTIVE ADOPTIVE RESOURCE**

ID: PROV 004

PURPOSE: This screen is used for three purposes. First, it is a data entry screen, which uses the PROSPECTIVE ADOPTIVE RESOURCE FORM as its source document. Second, it is used as an update screen, which uses the PROSPECTIVE ADOPTIVE RESOURCE TAD as its source document. Third, it is used as an inquiry screen to reflect the most current data stored in the database on the prospective adoptive resource.

ACCESS: All authorized users of ACWIS in the County office with responsibility for the prospective adoptive parents have access to the screen. The record key for this screen is the Provider Number and the worker's payroll number. SDPS (BFCS) staff have access to this screen.

DESCRIPTION: The adoptive resource data is actually displayed on two screens:

PROV 004 The first screen displays demographic data on the prospective adoptive parents including their marital status, Social Security Number, birth date, ethnicity, etc.

MESSAGE: "Adoptive Resource Added"
"Adoptive Parent Updated"

PROV 005 The second screen monitors the progress of a prospective adoptive parent(s) from inquiry to adoptive placement. Also included are special needs and acceptable background factors. Worker ticklers are at the bottom of this screen.

SCREEN

NAME: **FOSTER CARE PROVIDER INQUIRY BY CHILD'S SPECIFICATION**

ID: PROV 008

PURPOSE: This screen is used to help place children in the most appropriate placement available. The child specifications are entered and information on all providers meeting all these specifications across the state will appear on the screen.

ACCESS: No restrictions.

DESCRIPTION: Enter the child's age, provider type, sex, and special needs. If an institution or group home is specified, a list of provider numbers, contact persons, provider names, and telephone numbers will appear. If a foster home is specified, a list of provider numbers, responsible counties, county telephone number, and county case number will appear.

MESSAGE: "No Providers Found"

D.   SUPPORT SUBSYSTEM

Information on each screen of the Support Subsystem can be found in this section in the format of one screen per page.

SCREEN

NAME: **SIGNON**

ID: SUPP 001

PURPOSE: This screen is used to access the Alabama Child Welfare Information System.

ACCESS: No restrictions

DESCRIPTION: This screen displays the User ID and the Password. The User ID and the Password are checked against the worker file to grant access to the ACWIS.

MESSAGE: "Selection Not Authorized"

SCREEN

NAME: **SIGNON**

ID: SUPP 002

PURPOSE: This screen is used to provide the means of moving throughout the subsystems in the ACWIS.

ACCESS: No restrictions

DESCRIPTION: This screen displays a list of the ACWIS subsystems. From this list a subsystem can be selected. From selected indicated, the chosen subsystem menu will appear on the next screen.

MESSAGE: "Selection Not Authorized"

SCREEN

NAME: **SIGNON**

ID: SUPP 003

PURPOSE: This screen is used to select other screens available in the Support Subsystem.

ACCESS: Restricted by worker security level.

DESCRIPTION: The screen list all other screens available on the Support Subsystem. Selection must be made on this screen before proceeding to another screen.

MESSAGE: "Unauthorized Selection"

SCREEN

NAME: **NAME SEARCH INQUIRY (SOUNDEX SEARCH)**

ID: SUPP 004

PURPOSE: This screen is used to search files for previous client involvement with ACWIS, including an indication of current open/close status. This screen must be utilized prior to registration of any child, legal parent, provider, adoptive resource, or facility.

ACCESS: No restrictions.

DESCRIPTION: The last name of the child, legal parent, provider, or adoptive resource must be entered. Space for an indication of the type search is provided: child, legal parent, parent, provider, or all. Enter as much information as available; last name, first name, middle name, ethnicity, sex, Social Security number. This screen will then display all possible matches with their name, sex, ethnicity, birth date, Social Security Number of provider number, county, case number, and current status. Based on type of search and search arguments retrieve and rank most likely matches. Provide for paging of many entries. If available, retrieve AKA names for each individual to provide further identification.

NOTE: This screen is also used to search files for facilities that are registered on ACWIS.

MESSAGE: "No Likely Matches Found"
              "More Entries – Use Action To Page"

SCREEN

NAME: **WORKER REGISTRATION/UPDATE**

ID: SUPP 005

PURPOSE: This screen is utilized to register/update an authorized user of ACWIS.

ACCESS: A designated data entry operator will have access to this screen for registration of all authorized users of ACWIS in the County office. SDPS will have a similar data entry operator to register State office personnel.

DESCRIPTION: The screen contains fields to be completed including the user's name, payroll number, supervisory unit number, county, State Office Bureau of Division, worker start and end dates, password, and security level.

SCREEN

NAME: **CASELOAD BY WORKER INQUIRY/CHANGE**

ID: SUPP 006

PURPOSE: This screen provides the capability to list the active caseload for a specific worker. In addition, the worker number may be changed for all clients listed. This screen will then allow all screens and reports to be generated under the new payroll number.

ACCESS: A designated data entry operator will have access to this screen.

DESCRIPTION: By entering a worker's payroll number, his caseload as known to ACWIS will appear alphabetically by client last name. Also appearing is the county case number, unique identifier (Social Security Number/provider Number), and an indication of the type case (child, provider, adoptive resource). Space is available to change the worker responsible for the case by entering the new worker's unique identifier in the column allotted.

NOTE: The screen allows the capability to transfer the entire caseload to a new worker or to transfer individual cases to the new worker or workers.

MESSAGE: "No Children/providers In This Worker's Caseload"

SCREEN

NAME: **PARENT REGISTRATION SCREEN**

ID: SUPP 008

PURPOSE: This screen is used to force a name search of every parent (foster care, legal or adoptive) prior to registration on ACWIS.

ACCESS: Restricted by subsystem presently accessed.

DESCRIPTION: This screen is used for registration only. It displays the parent's name, Social Security Number, and other demographic data. This information is then systematically disbursed to the appropriate database.

V.   REPORTS

A.   **General Information**

This chapter contains the detailed instructions for use of the ACWIS management output reports.

Reports are system generated documents that contain specific or aggregate data derived from information that has been entered into the system and is maintained in the database. Reports are provided to County and/or State staff and are issued monthly, quarterly, semi-annually, annually, and/or on request.

Management reports provide a number of benefits. For example, service workers receive reports reminding them of actions due, such as service review or provider re-evaluation. Supervisors will have ready access to caseload summary information on foster care and adoptive children and available providers. State managers receive reports providing aggregate data for planning. In addition to routine reports, the system is capable of producing special reports to meet staff's specific needs.

Reports are produced and distributed by Data Processing to State and County offices at predetermined times: monthly, quarterly, semi-annually, or annually. Additional copies of reports may be requested at any time. Frequency of report production is subject to change, depending upon user needs. Request for special or ad hoc reports made to the Bureau of Family and Children's Services.

The report identifier (example: PSCW8055) identifies the program that produces the report and the report number. It appears in the top left corner. The RUN DATE is the date the report is printed. Generally, the report with the most recent run date contains the most current data. The RUN DATE appears in the top left corner, below the Report Identifier. Also heading the report will be the title of the report, the page number of a multi-page report, and the "As of" date. The "As Of" date is the last date data was entered to formulate the report.

TITLE: **Child Register**
Name of Report: **PSCWB055A - ERD**

Intended Viewing Group: County – Director, Supervisor, and Worker
State – Family and Children's Services
Office of Adoptions
Frequency: Monthly
Description: This report is a listing of children in a caseload and is divided into child cases that are currently active and child cases that have been discharged. Selected demographic information, case information, eligibility information, and placement information is included on this report. It also includes a list of active and discharged cases.
Suggestions for Use: This report can be used as a management tool for the worker and supervisor and as a profile of the worker's caseload. It can also be used to monitor days in shelter care. It is currently available on ERD.

TITLE: **Detailed Statewide Report of IV-E & Non IV-E Eligible Children**
Name of Report: **PSCWZ056A - ACWIS**

Intended Viewing Group: County Directors
Family and Children Services
SDHR – Family & Children Services
Office of Revenue Maximization
Frequency: Monthly
Description: This is a report that reflects the number of IV-E or Non-IV-E eligible children in Foster Care who are age 16 or older reflecting statewide totals.
Suggestions for Use: This report can be used to determine the eligibility status for state funding of children over the age of sixteen in foster care.

TITLE: Detailed County Report of IV-E & Non-IV-E Eligible Children
Name of Report: PSCWZ056B - ACWIS

Intended Viewing Group: County Directors, Supervisors, and Workers
 SDHR Family and Children Services
 Office of Revenue Maximization
Frequency: Monthly
Description: This is a report that reflects the number of IV-E or Non-IV-E eligible children in Foster Care who are age 16 or older. It provides a detailed listing by county and child specifics.
Suggestions for Use: This report can be used by the Independent Living Program to determine payment categories for children age 16 and older as well as statistical data regarding child demographics.

TITLE: Adoption Tracking
Name of Report: PSCWBO65 - ACWIS

Intended Viewing Group: County Office – County Director, Supervisor & Worker
 SDHR Family and Children Services, Office of Adoptions
Frequency: Monthly
Description: This report is a listing of all children who have a permanent plan of adoption established. Information included in the report consists of establishing the permanent plan date; permanent custody date, adoptive placement date, SDHR consent date, petition filing date, the date that the interlocutory decree is issued, and the date the adoption is finalized.
Suggestions for Use: This report monitors a child's progress through the adoption process. This report will identify the effectiveness of case management used by workers during the adoption process.

TITLE: Children in Permanent Custody
Name of Report: PSCWB070A - ACWIS

Intended Viewing Group: County Office - Director
 SDHR Family & Children Services, Office of Adoptions
Frequency: Annually
Description: This report shows the current number of children in the permanent custody of the State Department of Human Resources with a plan of adoption.
Suggestions for Use: This report is used by the Office of Adoptions to show the total number of children currently awaiting adoptive homes in the State of Alabama. This information could be useful and instrumental in recruitment activities.

TITLE: Children with a Permanent or Concurrent Plan of Return to Parents or Place With Relatives Who have been in Foster Care 12 Months

Name of Report: PSCWB072A - ACWIS

Intended Viewing Group: SDHR Family and Children Services

Frequency: Monthly

Description: This report provides a detailed listing of children who are identified by county who have a permanent plan of return to parents or relatives who have been in foster care for twelve months. This report contains detailed information to include the county name and number, child's first and last name, social security number, case number, sex, ethnicity, and date of birth. It also contains the date that the county response is received by SDHR regarding the child's status.

Suggestions for Use: This report is used by SDHR to gather data from the counties regarding permanency issues for children.

TITLE: Children in Temporary Custody/ Agreement for Permanent Plan Adoption

Name of Report: PSCWB080A - ACWIS

Intended Viewing Group: SDHR Family and Children Services, Office of Adoptions

Frequency: Annually

Description: This is a report by County identifying those children not committed to SDHR permanent custody for which a permanent plan of adoption has been established.

Suggestions for Use: This report is used to provide the Office of Adoptions with both child specific data and demographic and case information.

TITLE: **Characteristics of Children in Foster Care**
Name of Report: **PSCWBO85A - ERD & 85B & 85C - ACWIS**

Intended Viewing Group: County Office – Directors
                Jefferson County Region (85B)
                SDHR Family and Children Services
                Office of Data Management Support
                Office of Equal Opportunities Division
Frequency: Monthly
                Semi-annually – Division of EEO & Compliance
Description: This report indicates a cross tabulation of child attributes in the
                specific counties. A statewide total, month totals, and year-to-date
                totals are included. This report provides the characteristics of
                children in foster care excluding placement types 01, 02 and 23.
                Some characteristics include sex, race, admission reason,
                placement type, custody status and Medicaid category.
Suggestions for Use: Managers and supervisors can use this report to analyze
                demographic data on children in out of home placements excluding
                children in relative placements and unrelated court ordered
                placements. Also, this report identifies special needs of children in
                foster care. Over time, this report will assist in identifying any
                changes and emerging trends in the number or characteristics of
                the client population.

 TITLE: **Independent Living Program Report for Children Age Fourteen**
Name of Report: **PSCWB089A & 89B - ERD**

Intended Viewing Group: County Office – Supervisor, Worker & ILP County
                    Coordinator
                    Jefferson County Region (85B)
                    SDHR Family and Children Services
                    Independent Living Program
Frequency: Monthly
Description: This report lists specific demographic information about
                    children that are age fourteen and older to include name,
                    address, case number, sex, social security number,
                    ethnicity, DOB, special needs and placement for whom
                    adoption is granted.
Suggestions for Use: This report provides a listing of detailed information
                    pertaining to children currently receiving ILP services.
                    This report would enable a county to look at specific
                    characteristics or trends regarding children currently
                    receiving services in their county.

TITLE: **Independent Living Program – Statewide Statistics**
Name of Report: PSCWB089C - ACWIS

Intended Viewing Group:	Office of Foster Care/ Independent Living Services
Frequency:	Monthly
Description:	This report produces a statewide total of children with information about children age fourteen and older to include name, sex, ethnicity, placement types and special needs.
Suggestions for Use:	This report provides statewide statistical data used by the Office of Foster Care. It provides them with information to include but not limited to demographic information about the children age fourteen and older as well as a report showing all eligible youth who can receive ILP services represented in each county

TITLE: **Characteristics of Children pending Final Adoption**
Name of Report: **PSCWB090A - ACWIS**

Intended Viewing Group:	County Office – Directors and Supervisors
	SDHR Family and Children Services
	Office of Adoptions
Frequency:	Quarterly
Description:	This report is a county summary of children that captures dates for the adoption legal process from the time of the consent to adoption until the final decree of adoption.
Suggestions for use:	This provides useful information in reporting on the 0 to 24 months requirement for finalized adoptions.

TITLE: **Characteristics of Children pending Final Adoption**
Name of Report: **PSCWB090B - ACWIS**

Intended Viewing Group: County Office – Directors and Supervisors
                                                    SDHR Family and Children Services
                                                    Office of Adoptions
Frequency: Quarterly
Description: This report provides a detailed list of children that who
                                                    have been placed for adoption (adoptive home agreement
                                                    form signed) and lists both children pending finalization at
                                                    the end of the quarter and those where the final decree was
                                                    issued during that quarter.
Suggestions for use: This is an excellent supervisory tool as it provides an
                                                    overview of the status of all adoption cases assigned to a
                                                    particular worker and delays in the legal process can be
                                                    identified and addressed. It will call specific attention to
                                                    the worker's attention to untimely delays in the legal
                                                    process of adoption, pinpoint barriers and direct attention to
                                                    resolving identified issues preventing finalization. Also, it
                                                    would identify data entry needs for adoption tracking.

Title: Statewide Medicaid Eligibility
Name of Report: PSCWZZ097A - ACWIS

Intended Viewing Group: SDHR Family and Children Services
                                                    Office of Revenue Maximization
                                                    Office of Management and Fiscal Analysis
Frequency: Monthly
Description: This report provides a listing of the number of foster care children
                                                    eligible for Medicaid the last day of the month. It produces a
                                                    statewide total of children eligible for ACFC and IV-E.
Suggestions for Use: This report provides statistical data to SDHR regarding Medicaid
                                                    eligibility status for foster care children.

TITLE: **Characteristics of Children in SDHR Custody**
Name of Report: PSCWB100A - ERD & 100B - ACWIS

Intended Viewing Group: County Office – Directors, Supervisors and Workers
Jefferson County (100B)
SDHR – Family and Children Services
Office of Foster Care
Office of Adoptions

Frequency: Quarterly

Description: Characteristics of children in SDHR custody with a permanent plan excluding placement types 01, 02 and 23. The specified information of the report indicates total months in care, ethnicity, current age, special needs, custody status, placement type, admission reason and long term foster care.

Suggestions for Use: This report can provide counties with statistical data regarding characteristics of children currently in SDHR custody. It can provide a detailed overview of permanency plans identified for each child currently in foster care. It does not provide information pertaining to children whose permanent plan is return home to parents, to be placed with relatives, or children currently in a court ordered unrelated home.

TITLE: **Characteristics of Children by Concurrent Plan**
Name of Report: PSCWB100C- ERD

Intended Viewing Group: County Office – Directors/ Supervisors
SDHR Family & Children Services

Frequency: Quarterly

Description: Characteristics of Children in SDHR custody with a concurrent plan excluding placement types 01, 02, and 23. The report looks at the total number of children in care based on sex, ethnicity and current age.

Suggestions for Use: This report can provide counties with statistical data regarding characteristics of children in SDHR custody with a concurrent plan to exclude those children in their own homes, relative placements and children in unrelated court approved placements.

TITLE: Characteristics of Children not in DHR Custody for Whom Adoption Granted
Name of Report: PSCWB105 - ACWIS

Intended Viewing Group:	County Office – Directors, Supervisors & Workers
	SDHR Family & Children Services
	Office of Adoptions
Frequency:	Annually
Purpose/ Description:	This is a report of children not in DHR custody for whom adoption was granted. It includes the number of children in independent adoptions, related adoptions and DHR/ Private Agency adoptions. It is broken down by ethnicity, current age at placement, sex and information about the adoptive parents.
Suggestions for Use:	This report provides detailed information about children who have been adopted by private agents, to include private adoption agencies, attorneys and relative placements. It provides the Office of Adoptions with a monitoring tool to track all adoptive placements in the State of Alabama.

TITLE: Characteristics of Children in SDHR Permanent Custody Before Adoptive Placement – Permanent Plan Adoption; Characteristics in Temporary Custody, Foster Care Agreement – Permanent Plan Adoption
Name of Report: PSCWB115A - ERD & 115B - ACWIS

Intended Viewing Group:	County Office
	State Office – Office of Adoptions
	Jefferson County (115B)
Frequency:	Monthly
Description:	This report describes the characteristics of children whose permanent plan is adoption and are either in permanent custody of SDHR or Temporary Custody/Agreement for Foster Care. It includes information pertaining to sex, ethnicity, current age, and special needs, foster care placements, time in SDHR permanent custody and adoption disruptions.
Suggestions for Use:	This report provides a composite picture of those children for whom a permanent plan of adoption has been established. This report allows the Office of Adoptions to anticipate changes and emerging trends in the characteristics of the specific client population. This report may also be used in determining the needs of DHR children with potential adoptive applicants.

TITLE: **Characteristics of Children with a Permanent Plan of Adoption**
Name of Report: **PSCWB116A – ACWIS**

Intended Viewing Group: State – Family and Children's Services
Office of Adoption
Frequency: Quarterly
Description: This report that list child specific information on children in the permanent custody of SDHR with a plan of adoption. Information includes the child's name, custody status, county number, case number, sex, race, DOB, status date, plan date, placement type, and number of placements.
Suggestions for Use: This report is used by the Office of Adoptions to capture statistical information pertaining to all children with a permanent plan of adoption.

TITLE: **Count of Children by Provider Type by Special Needs**
Name of Report: **PSCWB142A - ACWIS**

Intended Viewing Group: County Office– Director, Supervisor, and Worker
SDHR Family and Children Services
Office of Equal Employment Opportunities Division
Frequency: Quarterly
Description: This is a report that gives a count of children in accordance to the provider type and by the special needs of the children listed.
Suggestions for Use: This report provides statewide statistical data showing a breakdown in each special needs category by the provider type. It provides SDHR with data regarding placement types of children with specific special needs to ensure appropriate needs based placements.

TITLE: Count of Children by Placement Type by Service
Name of Report: PSCWB144A - ERD

Intended Viewing Group: County Office – Director, Supervisor, and Worker
                               State – Family and Children's Services
                               ACWIS; Management and Fiscal Analysis; Revenue
                               Maximization; IV-E; Child Support; Office of Financial Resource
                               Management
Frequency: Monthly
Description: This report provides a listing of the number of children in each
                               placement type. It lists the total number of children providing
                               access to county and state totals.
Suggestions for Use: It is used in the calculation of the data threshold, which measures
                               children in care 15 out of the last 22 months without a TPR
                               petition filed and no compelling reason. Also, it lists children in
                               the custody of other agencies.

TITLE: Count of Children By Provider Type By Special Needs
Name of Report: PSCWB147A & 147B - ACWIS

Intended Viewing Group: Jefferson County (147B)
                               SDHR Family and Children's Services
                               Management and Fiscal Analysis
Frequency: Annually
Description: This is a report that provides a listing of foster children ages five to
                               seventeen that reside in a foster home placement type of 03, 05 and
                               22. It provides a listing of children in accordance to their counties
                               and includes information pertaining to the child's name, case
                               number, social security number, DOB, and placement information.
                               The placement information details the provider number, provider
                               name, county and state.
Suggestions for Use: The Office of Daycare initially had this report created to gather
                               statistical information pertaining to children receiving special
                               education services. This report should also be able to provide an
                               overview of the children's special needs.

TITLE: **Adoption Report**
Name of Report: **PSCWB155A - ACWIS**

Intended Viewing Group: State – Family and Children's Services
        Office of Adoption
Frequency: Monthly
Description: This is a report that provides information pertaining to children currently in the permanent custody of the SDHR awaiting adoption as well as currently approved DHR adoption resources currently awaiting placement. This report gathers information pertaining to six areas that impact the Office of Adoptions to include listing the children currently committed to the permanent custody of DHR, Children placed for adoption, DHR approved adoptive resources currently awaiting placement; Adoption disruptions; as well as a listing of children placed for adoption.
Suggestions for Use: This report is used by the Office of Adoptions to receive statistical information pertaining to the number of children currently in the permanent custody of the SDHR.

TITLE: **Statewide Adoption Tracking**
Name of Report: PSCWB160A - ACWIS

Intended Viewing Group: SDHR Family and Children Services
        Office of Adoptions
Frequency: Monthly
Description: This report is designed to indicate the number of active children in the adoption component of ACWIS who have achieved each of the stated milestones of the adoption process.
Suggestions for use: This report is used to provide the State office with a statistical report tracking the number of children in the adoption process who have reached set milestones.

TITLE: **Quarterly Foster Care Statistical Report Excluding 01, 02, & 23**
Name of Reports: **PSCWB186A & 186B - ERD**

Intended Viewing Group: County Office – Director & Supervisor
                                   State Office – Family Services Division
                                   Office of Foster Care
                                   Office of Utilization Review
                                   Office of County Welfare Consultation
                                   Jefferson County (186B)

Frequency: Quarterly

Description: This report is designed to monitor and track foster care admissions, discharges and looks at a child's length of stay in foster care as well as all placement types excluding children in their own homes, relative placements and court ordered unrelated home placements. It further provides the total number of placements per placement type and the length of stay that children average in each placement type. This report is not child specific and only provides counties with a statistical summary of their foster care program. The report is divided by separate counties and provides a statewide summary.

Suggestions for Use: This report can be used to provide SDHR and counties with statistical data concerning permanence issues as well as enable them to look at possible trends regarding the foster care population being served.

TITLE: **Monthly Foster Care Statistical Report Including 01, 02, & 23**
Name of Reports: PSCWB187A

Intended Viewing Group: County Office – Director & Supervisor
                                   State Office – Family Services Division
                                   Office of Utilization Review
                                   Office of Foster Care
                                   Office of County Welfare Consultation

Frequency: Monthly

Description: This report is designed to monitor and track foster care admissions, discharges and looks at a child's length of stay in foster care as well as the placement types of children in all placement types including their own home, relative care and court ordered unrelated placements. This report is not child specific and only provides counties with a statistical summary of their foster care program. The report is divided by separate counties and provides a statewide summary.

Suggestions for Use: This report can be used to provide SDHR and counties with statistical data concerning permanence issues as well as enable them to look at possible trends regarding the foster care population being served.

TITLE: **Children in Foster Care on the Last Day of the Quarter**
Name of Report: **PSCWB194A - ACWIS**

Intended Viewing Group: State – Family and Children's Services
                                  Office of Finance
Frequency: Quarterly
Description: This is a report that provides information pertaining to children's placement type as well as the number of children currently in foster care who are IV-E or Non-IV-E eligible.
Suggestions for Use: This report can be used in determining payment categories for foster children.

TITLE: **Provider Register**
Name of Reports: **PSCWB210 - ERD**

Intended Viewing Group: County Office – Director, Supervisor & Worker
                                  State Department of Human Resources
                                  Office of Data Management Support
                                  Office of Resource Management and Licensing
Frequency: Quarterly
Description: This is a comprehensive listing of all Foster Homes, Group Homes, Child Care Institutions, and Child Placing Agencies available to the County. The report identifies the characteristics of children that the providers are willing to accommodate.
Suggestions for Use: This report will facilitate the process of identifying appropriate providers for specific children. The provider number on the report can be used to access the provider file.

TITLE: **Foster Family Home History**
Name of Report: **PSCWB212 - ERD**

Intended Viewing Group: County Office – Director, Supervisor & Caseworker
Frequency: Monthly if changes occur.
Description: This report is a comprehensive historical listing of all placements in a Foster Family Home. For each Foster Family Home, a chronological listing of all the children receiving or who have received services from the Foster Family Home will be printed based on the initial approval date of the provider. The information contained in the report consists of the child's name, social security number, county case number, date of birth, date of placement, removal date and placement change reason.
Suggestions for Use: This report will replace the PSD 23 retained in the resource case record. It will be a tool to monitor the placements within a Foster Family Home and the reasons for removal.

TITLE: Provider Status Update
Name of Report: PSCWB213 - ERD

Intended Viewing Group: County Office – Director, Supervisor & Caseworker
SDHR – Family & Children Services Division
Frequency: Monthly
Description: This report shows the current placement of children currently in the homes of provider types 02, 03, 05 and 22 whose homes need to be updated. The information contained in the report consists of the child's name, social security number, county case number, date of birth, date of placement, placement type, and removal date and placement change reason. The information listed pertaining to the provider is the county, county location, case number, provider number, provider name and address, provider type, approval status, previous approval status, status and expiration date as well as the approval authority.
Suggestions for Use: It will be a tool to monitor the placements within a Foster Family Home as well as the providers' current approval status.

TITLE: **Therapeutic Foster Homes by Program**
Name of Report: PSCWB214 - ERD

Intended Viewing Group: SDHR – Family Services Division
County Office – Director, Supervisor & Caseworker
Frequency: Monthly
Description: This report provides a detailed listing of Therapeutic Foster Parents located in each county and identifies them according to their agency of affiliation. The report contains the name of the provider as well as their address, provider number, county, approving authority agency and their authority number, and site number.
Suggestions for Use: This report can be utilized by SDHR to monitor and track currently approved therapeutic providers. Also, this report could provide intake workers with a listing of approved homes in their counties who have been approved by private agencies. Access to this information should be useful should problems arise in the county with a child's placement.

TITLE: Pending Adoptive Resources
Name of Report: PSCWB220A & 220B - ACWIS

Intended Viewing Group: County Office – Supervisor, Caseworker
Jefferson County (220B)
State Office - Family Services Division
Office of Adoptions
Frequency: Monthly
Quarterly – Office of Adoptions
Description: This report is a listing of prospective adoptive homes in the inquiry or applicant status. The information pertaining to the applicants that is listed includes the name of the prospective family, provider number, county case number, provider type, rate and status date.
Suggestions for Use: This report is used to monitor worker/applicant progress toward final case disposition.

TITLE: Pending Foster Home Resources
Name of Report: PSCWB225A & 225B - ACWIS

Intended Viewing Group: County Office –Supervisor, Caseworker
Jefferson County (225B)
State Office -Bureau of Field Operations
Frequency: Monthly
Description: This report is a listing of prospective foster home resources in the inquiry or applicant status. Information listed in the report includes name of the prospective applicant or inquiry, provider number, county case number, provider type, rate and status date.
Suggestions for Use: This report is used to monitor worker/client progress toward final case disposition.

TITLE: Adoptive Resources Status
Name of Report: PSCWB227 - ACWIS

Intended Viewing Group: State Office - Family Services Division
Bureau of Field Operations
Office of Data Management Support
Frequency: Monthly
Description: This report is designed to provide a count of the adoptive resource cases currently in a defined status. The information in the report consists of information pertaining to the county, date of inquiry and approval status.
Suggestions for Use: This report provides the State office with statistical data on the status of adoptive resources in the state.

TITLE: **Characteristics of Approved Foster Family Homes**
Name of Report: **PSCWB230A & 230B - ACWIS**

Intended Viewing Group: County Office Staff
SDHR
Office of Foster Care and Independent Living
Office of Resource Development and Management
Frequency: Quarterly
Description: This is a statistical report for each county, as well as statewide, of the approved Foster Home Resources for DPS children. It details specific information pertaining to the number of currently approved homes, as well as specific information about the foster parents to include age, ethnicity, income, employment, education, training and special needs.
Suggestions for Use: This report is used to analyze current resource development strengths and weaknesses and to determine the focus of recruitment efforts.

TITLE: **Analysis of PSD-BFC 769's Facilities Certified in Compliance with Title IV of the Civil Rights Act of 1964**
NUMBER: **PSCWB250 - ACWIS**

Intended Viewing Group: State Office - Office of Data Management Support
Division of EEO & Compliance
Frequency: Annual
Description: This report shows statistics with regard to referrals made to DHR and Non-DHR licensed childcare institutions and group homes. The dispositions of referrals based on ethnicity are captured. It provides a statistical statewide summary. Specific information captured pertains to the case disposition, ethnicity, and whether it is a licensed DHR or non licensed DHR facility.
Suggestions for Use: This report monitors compliance with Federal Court Order requirements for reporting according to Player Case.

TITLE: Referral Listing By County
NUMBER: PSCWB257 - ACWIS

Intended Viewing Group: County Office
                              State Office - Office of Data Management Support
                              Family Services Division
                              Division of EEO & Compliance
Frequency: Monthly
Description: This report is a listing of all new referrals to childcare Institutions and Group Homes by County. This list includes new actions on referrals made previously.
Suggestions for Use: This report is used to monitor the referral process of new childcare institutions and group homes.

TITLE: Referral Pending
Name of Report: PSCWB260A & 260B - ACWIS

Intended Viewing Group: County Office
                              Jefferson County (260B)
                              State Office – Family Services Division
                              Office of Resource Development and Management
Frequency: Generated on the 8th of the month
Description: This report is a listing of all referrals to childcare Institutions and Group Homes in pending status by county of referral. The specific case information listed is the county case number, social security number of the child, date of birth, ethnicity, sex, institution/group home, provider number, date, type and source, application date, code and status reason.
Suggestions for Use: This report monitors the referral process.

TITLE: **Unauthorized Referrals**
Name of Report: **PSCWB265A & 265B - ACWIS**

Intended Viewing Group: County Office- Supervisor
    Jefferson County (265B)
    State Office -   Family Services Division
    Office of Equal Employment Opportunities Commission
Frequency: Monthly
Description: This report indicates unauthorized referrals made by workers. It provides a detailed listing of the case number, child's name and social security number as well as institution/ group home and referral date.
Suggestions for Use: This report is used to pinpoint problems in referral practices.

TITLE: **Reason Foster Family Home Closed**
Name of Report: **PSCWB275 – ACWIS**

Intended Viewing Group: County Office - Director, Supervisor
    State Office -   Family Services Division
    Office of Resource Development & Management
    Office of Data Management Support
Frequency: Semi-annually
Description: This report will provide a listing of totals for all Foster Homes closed during the last six months. The information contained in the report consists of the dates the application was withdrawn, disapproved, or revoked. It also consists of reasons that the provider may have been closed due to death, request of the foster parent, transfer of status to another agency, application withdrawn date, transfer to another agency, move out of county or child removal.
Suggestions for Use: This report identifies reasons for closure and may assist in recruitment and training needs.

TITLE: Provider Address Labels
Name of Report: PSCWB285A - ACWIS

Intended Viewing Group: County Office
State Office - On Demand Only
Frequency: Monthly and on Demand
Description: This report constitutes the mailing address labels for each provider registered on ACWIS.
Suggestions for Use: System generated address labels on all currently approved providers. Aid in mass mailings of Medicaid cards, training notices, etc.

TITLE: Institutions and Group Homes List
Name of Report: PSCWB293A - ACWIS

Intended Viewing Group: County Office Staff
SDHR
Office of Foster Care and Independent Living
Office of Resource Development and Management
Frequency: Quarterly
Description: This report provides a list of approved Institutions and Group Homes.
Suggestions for Use: This report is used to analyze current resource development strengths and weaknesses and to determine the focus of recruitment efforts.

TITLE: Institutions and Group Homes Open but Expiring
Name of Report: PSCWB294A - ACWIS

Intended Viewing Group: SDHR – Office of Licensing and Resource Development
Frequency: Quarterly
Description: This report provides a list of the institutions and group homes that will be expiring during the quarter. It also produces labels for mail out information.
Suggestions for Use: This report serves as an alert for SDHR staff with the responsibility of licensing and certification of group homes and institutions.

TITLE: **Count of Providers by Provider Type**
Name of Report: **PSCWB295A - ACWIS**

Intended Viewing Group: County Office
SDHR – Office of Adoptions; Office of Foster Care; IV-E, Management Analysis
Frequency: Monthly
Description: This report provides a list broken down by county of the number of providers and provider types
Suggestions for Use: This report generates a list of providers approved by the county office.

TITLE: **Pending Foster Parent Adoptions**
Name of Report: **PSCWZ299A - ERD**

Intended Viewing Group: County Office
SDHR – Office of Adoptions; Office of Resource Development & Management
Frequency: Generates the 1st and 10th of every month
Description: This report provides a list of children with a permanent plan of foster parent adoptions
Suggestions for Use: This report would enable worker/ supervisor to monitor the completion of foster parent adoptions.

TITLE: Quality Assurance Indicators – Children in Out of Home Care
Name of Report: PSCWZ304A –304E - ERD

Intended Viewing Group: County Staff
SDHR Staff
Office of Foster Care/ Independent Living
Frequency: Semi - Annual
Description: This report provides a profile of children in out of home placements as well as a number of children in care on the last day of the reporting period. It indicates in the statistical data the placement category, age, ethnicity, gender, length of time in care, permanency goal, sibling groups in care, sibling groups placed together, psychiatric hospitalizations, children who entered care without DHR intervention, number of children placed in and out of county, number of children committed to DYS and DMR/MR, and finally the number of children participating in the Independent Living Program. The report currently coincides with ASFA timeframes and calculates children who have been in out of home care 13 out of the last 20 months.
Suggestions for Use: This report can be used as a tracking tool by the Director and Supervisor to review all children in out of home placements as well as to ensure that permanency goals are being met for children in a timely manner and that children are placed in the most least restrictive placements. It can further be used to gather statistical data necessary for county Quality Assurance Reports.

TITLE: Quality Assurance Indicators – Adoption Profile
Name of Report: PSCWZ305A – 305E -ERD

Intended Viewing Group: SDHR – Office of Adoptions
Frequency: Semi- Annual
Description: This report provides information pertaining to adoptive placements, subsidies, sibling groups placed together, transracial placements, adoption disruptions, and children awaiting adoptive placements.
Suggestions for Use: The Office of Adoptions uses this report to track current status on children awaiting placements, child disposition, and pending child placements.

TITLE: **Children Discharged from Foster Care < 90 days**
Name of Report: **PSCWZ340A-ERD**

Intended Viewing Group: County Supervisors, Workers and County Directors
        SDHR- Office of Foster Care
        Jefferson County (304B)
Frequency: Quarterly
Description: This report counts by county the number of children leaving foster care within 1-30 days and 31-90 days. Included in the report are the Admission date, Admission reason, Discharge date, Discharge reason, and number of days in care. The report is available on ERD to State and County Child Protective Service and Foster Care staff.
Suggestions for Use: This report can provide counties with statistical data regarding the number of children discharged from care within 0 to 30 days and 30 to 90 days. The information contained in the report may enable counties to assess the reason why discharge is occurring within these timeframes and look at possible trends based on reasons of admissions.

TITLE: **Foster Care Admissions**
Name of Report: **PSCWZ350A-ERD**
Intended Viewing Group: County Staff, Director, and Supervisor
        SDHR – Office of Foster Care/ Independent Living
Frequency: Generates the 1st and 10th of the month
Description: This report provides a listing of monthly foster care admissions and provides the number of foster care children entering foster care on any given month. Included in this report is the child's name, case number, social security number, custody status, and admission date. The cases are listed in accordance to the county worker's caseload by county.
Suggestions for Use: This report can provide counties with an ability to monitor or track the number of children entering foster care on a monthly basis. This report can also provide statistical data regarding monthly foster care admissions to assess an increase or decrease in the number of children entering foster care.

TITLE: **Foster Care Discharges for the Month**
Name of Report: **PSCWZ350B -ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                                SDHR – Office of Foster Care/ Independent Living
Frequency: Generates the 1st and 10th of every month
Description: This report shows the number of children discharged from foster care during the month as well as the number of children exiting foster care. The information contained in the report consists of the child's name, case number, child's social security number, and date of admission into care and date of discharge from foster care.
Suggestions for Use: This report provides statistical data regarding the number of children discharged from foster care each month. It can also provide workers with the estimated length of care per child.

TITLE: **Foster Care Admissions by Custody Order for Month**
Name of Report: **PSCWZ350C-ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                                SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a list of children entering foster care by way of a custody order.
Suggestions for Use: This report will provide statistical data reflecting the number of children entering foster care by way of a custody order granted by the court system.

TITLE: **Foster Care Admissions by Voluntary Placement**
Name of Report: **PSCWZ350D-ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                                SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a list of children entering foster care with an admission reason of 05.
Suggestions for Use: This report provides statistical data regarding the children entering foster care by way of a boarding home agreement signed by a legal parent (s) or legal guardian.

TITLE: Foster Care Discharge by Custody Order
Name of Report: PSCWZ350E-ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care / Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a list of children who were discharged from foster care by way of a custody order.
Suggestions for Use: This report provides statistical data regarding the total number of children discharged from out of home care by way of a custody order granted by a judge.

TITLE: Foster Care Discharge with Voluntary Placement Agreement
Name of Report: PSCWZ350F-ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a list of children who were discharged from foster care by way of the expiration or revocation of a voluntary placement agreement.
Suggestions for Use: This report provides statistical data regarding the total number of children discharged from out of home care by way of the expiration or revocation of a boarding home agreement by a parent or legal guardian.

TITLE: Children in Care by Custody Order
Name of Report: PSCWZ350G-ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a list of children entering foster care by way of a custody order.
Suggestions for Use: This report provides statistical data regarding children entering foster care by way of a custody order.

TITLE: **Children in Care with Voluntary Placement Agreement**
Name of Report: **PSCWZ350H-ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                              SDHR – Office of Foster Care / Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a listing of children by county entering foster care with a voluntary placement agreement. It details specific information contained in the report such as the child's social security number, case number and placement type.
Suggestions for Use: This report provides statistical data regarding the number of children entering foster care by way of a boarding home agreement at the request of a parent or legal guardian.

TITLE: **Children legally free awaiting state placed adoption**
Name of Report: **PSCWZ351A -ACWIS**

Intended Viewing Group: County Staff – Director; Supervisor
                              SDHR – Office of Adoptions
Frequency: Generates 1st and 10th of every month
Description: This is a report that lists children by county who are legally free for adoption and are currently awaiting placement. This report includes information to include the case number, social security number, and child name and foster care admission date.
Suggestions for Use: This report provides statistical data to SDHR-Office of Adoptions regarding the total population of children in Alabama awaiting adoptive placements.

TITLE: **Foster Children Placed out of County**
Name of Report: **PSCWZ352A -ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                              SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a listing of children by county who are currently in out of care placements and have been placed in homes located out of their county of origin. The information contained in the report consists of the child's social security number, child's name, and provider type to include the providers' last name and zipcode as well as the child's custody status.
Suggestions for Use: This report can be used to assist a worker in tracking the status of children in out of county placements.

TITLE: Percentage of Placements Out of County
Name of Report: PSCWZ352B -ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care/ Independent Living

Frequency: Generates 1st and 10th of every month

Description: This report provides the percentage per county of children in out of county placements. The information contained in the report lists the county percentages showing the total number of children in foster care and the total number of children per county placed in out of county care.

Suggestions for Use: This report can be used to provide statistical data regarding the percentage of children in out of home care. County staff can utilize this report to analyze data to ensure they are not exceeding the maximum thresholds related to out of county placements

TITLE: List of Children in Care by Placement Type
Name of Report: PSCWZ353A -ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care / Independent Living

Frequency: Generates 1st and 10th of every month

Description: This report shows the placement types for children currently in foster care. It is broken down by county and worker caseload. The information contained in the report consists of the child's name, social security number and case number. It also includes the child's specific placement type and a tally of each child placement type per county.

Suggestions for Use: This report provides a listing of the total number of children per placement type. It can be utilized to provide statistical data to SDHR and county staff as they monitor children in each placement type to determine continued needs and assist the children and families in moving towards permanency.

TITLE: **Children in Out of Home Care**
Name of Report: **PSCWZ353C -ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                                SDHR – Office of Foster Care/ Independent Living

Frequency: Generates 1st and 10th of every month

Description: This report shows the placement types for children currently in foster care. It is broken down by county and worker caseload. The information contained in the report consists of the child's name, social security number and case number. It also includes the child's specific placement type and a tally of each child placement type per county.

Suggestions for Use: This report provides a listing of the total number of children in out of home placements per placement type. It can be utilized to provide statistical data to SDHR and county staff as they monitor children in each placement type.

TITLE: **Foster Care Educational Success Detail Report**
Name of Report: **PSCWZ353D -ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                                 SDHR – Office of Foster Care/ Independent Living

Frequency: Generates 1st and 10th of every month

Description: This report provides a listing of children in individual worker caseloads and details the type of educational services they receive i.e.. Special Education services. The report contains information pertaining to the child's name, social security number, case number, special needs code as well as educational needs.

Suggestions for Use: Workers and Supervisors can use these reports to monitor the educational needs of children specified as having learning disorders and those receiving special education services.

TITLE: ACWIS Severely Emotional Disturbed Children
Name of Report: PSCWZ353E -ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report lists children currently identified as SEBD children. It contains the child's name, social security number; case number and special needs code.
Suggestions for Use: This report can be used to help workers and supervisors profile and identify SEBD children in need of intensive services in each worker's caseload.

TITLE: Foster Care Children Currently Occupying Beds
Name of Report: PSCWZ354A -ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report lists children currently in placement type 03 and provides information pertaining to their placement.
Suggestions for Use: This report provides workers with an overview of the children currently placed in a foster care home and allows workers to track children according to their placement resource.

TITLE: Alphabetical List of Approved Foster Care Home Providers with Capacity
Name of Report: PSCWZ355A -ERD

Intended Viewing Group: County Director
SDHR – Office of Resource Licensing & Management
Frequency: Generates 1st and 10th of every month
Description: This report provides a list of approved foster care resources by county and worker assignment providing information pertaining to the providers case number, case name, status, status date, placement type and capacity.
Suggestions for Use: This allows SDHR to monitor and track the number of foster homes in each county. This report could also be used to assist with the identification of recruitment needs as it relates to the number of approved resources versus the number of children requiring placements.

TITLE: **Summary of Currently Available Foster Care Beds**
Name of Report: **PSCWZ355C - ERD**

Intended Viewing Group: SDHR Office of Licensure and Resource Development
Frequency: Generates 1st and 10th of every month
Description: This report provides a statewide summary of foster care beds available per county. The information contained in the report includes the county number and name, total beds available, provider capacity and total number of children placed.
Suggestions for Use: This report provides SDHR with statistical data regarding the total number of available beds, provider capacity, and the number of children placed in accordance to available bed space. This can be useful in determining if a county has adequate foster home resources to meet the needs of foster children entering foster care.

TITLE: **Listing of Siblings in Foster Care**
Name of Report: **PSCWZ372A -ERD**

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report lists by county and worker caseload sibling groups currently in foster care. It groups each sibling group together regardless of placement type. The information contained in the report consists of the county case number, child's social security number and name, placement type, sex, provider number identifying the providers last name. It also provides a county summary of the sibling groups currently in care by county.
Suggestions for Use: This report would enable counties to monitor and keep track of siblings entering foster care. It would also serve to provide SDHR with statistical information pertaining to the number of sibling groups currently in foster care.

TITLE: **Listing of Children in Foster Care for 13 months or longer**
Name of Report: PSCWZ373A -ERD

Intended Viewing Group: County Staff – Director; Supervisor
                                                    SDHR – Office of Foster Care/ Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report lists by county and worker caseload children who have been in foster care longer than thirteen months. Information contained the report includes the child's name, case number, social security number, placement type, age, ethnicity, sex and permanent plan.
Suggestions for Use: This report can be used by the supervisor as a monitoring tool to ensure that ASFA guidelines are being met to ensure permanency is occurring within the 15 month requirements.

TITLE: **Foster Child Case Plan and Case Review Date**
Name of Report: PSCWZ375A -ERD

Intended Viewing Group: County Staff – Director; Supervisor
                                                    SDHR – Office of Foster Care /Independent Living
Frequency: Generates 1st and 10th of every month
Description: This report provides a detailed list of children showing the established case plan date and case review date. Information contained in the report includes the case number, child's social security number and name, case plan date, and case review date.
Suggestions for Use: This report can be utilized as a management tool for the worker and supervisor to monitor and track timely completion of case plans. Also, the worker can utilize the report to assist with scheduling case plans in keeping with review dates.

TITLE: RC Status Report
Name of Report: PSCWZ399-ERD

Intended Viewing Group: County: Director & Supervisors
                             SDHR: Family Services Division
                                          Office of Foster Care
                                          Office of Protective Services/ Administrative Record Review/ Family Preservation/ Family Support
                                          Office of Resource Development and Management

 Frequency: Generates 1st and 10th of every month

Description: This report provides a vast array of information pertaining to five major areas of service delivery in keeping with RC guidelines. The five areas are Safety, Permanency, Individualized Service Plans, Educational Success, and Resources. The information in the report is generated on a monthly basis in summary per county. The report can be accessed on Online Documents under RC Status Report Guide. See below a listing of information contained in each area of planning.

Safety - The number of CAN assessments received, disposed; and the percentage of received reports with contact within five days as well as the number of CAN assessments pending 90 days or less and those over 90 days. The number of prevention assessments received, completed and converted to CAN assessments; the number of prevention assessments pending 90 days or less and pending over 90 days. The number of child deaths total for the month. The total number of home evaluations, the number of home evaluations received for the month, and disposed.

Permanency – The number of protective service cases received, opened and closed during each month. The number of protective service cases open for more than two years. The total numbers of children entering foster care by reporting month by custody order, and voluntary placement agreement. The number of children discharged from foster care by custody order and voluntary placement agreement. It further provides a breakdown of the number of children in care by custody order, voluntary placement agreement, children in their own home in custody of DHR and children in out of home care. It further provides the number of children in related care, regular foster care homes, foster family related homes, therapeutic foster care (TFC), group homes and residential facilities, psychiatric hospitals, hospitals, runaway status, ILP and Transitional living, as well as all other placement types. The number of SEBD children in care and registered on Family Service Systems (FSS). The number of sibling groups in placements other than their own home and the percentage placed together. Of the number of children in custody the percentage placed out of county; the percentage of children in care for thirteen months or longer, the number of pending foster parent adoptions

and the number of children in SDHR permanent custody with a permanent plan of adoption.

Individualized Service Plan (ISP) – The percentage of protective service cases with initial ISP completed; the percentage of foster care children with initial ISP completed; the percentage of protective service cases with ISP reviews that are current within policy timeframes; and the percentage of foster children with ISP reviews that are current within time frames.

Educational Success – The percentage of children in foster care needing and receiving special education service and reading below grade level. The number of children in protective services cases needing special education services, receiving special education and reading below grade level.

Resources (In County) – The number of approved foster homes; and available foster care beds. The numbers of children in need of therapeutic foster care services that are not in TFC. The number of family option referrals for family preservation services to include the number of referrals accepted and rejected. The number of family option referrals for family reunification to include the number of referrals accepted and rejected.

Suggestions for Use: This report monitors compliance with the Federal Court Order requirements according to the RC Case and provides statistical information to county and state staff on permanency, safety issues, ISP's, Education, and Resources.

TITLE: **Consolidated Permanency Report – All Permanency Goals**
Name of Report: **PSCWZ404A -ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                              SDHR – Office of Foster Care/ Independent Living
Frequency: Monthly
Description: This report identifies children in out of home care by all permanency goals, by county and foster care worker. Included in the report are county name, child name, admission date, current placement, permanent plan, concurrent plan, plan date, action due and due date. Included are county and state summaries. This report lists all permanency goals generating a list of actions and exceptions. This report is available on ERD to State and County Foster Care staff.
Suggestions for Use: This report can be used as a tracking tool to ensure ASFA time frames are being met in relation to the termination of parental rights.

TITLE: **Consolidated Permanency Report – Adoption Goals**
Name of Report: **PSCWZ404B -ERD**

Intended Viewing Group: SDHR – Office of Adoptions
Frequency: Monthly
Description: This report was divided into separate reports with July 2004 data for easier review by staff. The report identifies children in out of home placements with adoption goals by county and foster care worker. Included in the report are county name, child name, admission date, current placement, permanent plan, concurrent plan, plan date, action due date, and date due. This report lists actions and exceptions generated for adoption goals of 03 (Adoption with no identified resource) and 07 (Foster Parent Adoption). This report is available on ERD to state and county foster care and adoption staff.
Suggestions for Use: This report can be used as a tracking tool to ensure ASFA time frames are being met in relation to the termination of parental rights.

TITLE: **Consolidated Permanency Report – All Permanency Goals**
                          Excluding Adoption
Name of Report: **PSCWZ404C -ERD**

Intended Viewing Group: County Staff – Director; Supervisor
                                        SDHR – Office of Foster Care/ Independent Living
Frequency: Monthly
Description: This report identifies children in out of home placement excluding those with adoption goals by county and foster care workers. Included in the report is county name, child name, admission date, current placement, permanent plan, concurrent plan, plan date, action due and date due. This report lists all permanency goals generating a list of actions and exceptions with the exception of adoption goals. This report is available on ERD to state and county foster care staff.
Suggestions for Use: This report can be used as a tracking tool to ensure ASFA time frames are being met in relation to the termination of parental rights.

TITLE: Children under four in Out of Home Placements > 12 months
Name of Report: PSCWZ405A -ERD

Intended Viewing Group: County Office: Director, Supervisor, Worker
SDHR Family and Children Services
Office of Foster Care
Office of Adoptions

Frequency: Monthly

Description: This report shows details regarding children's compelling reason dates and TPR petition dates. The report identifies children who are under four years of age and have been in Out of Home care more than twelve months.

This report will county all periods of placement from birth through the current date. Any time a child enters or leaves care, regardless of the date, the entire month is counted. Included in the report are county name, foster care worker name, case number, child name, sex, date of birth, admission date, current placement, permanent plan, plan date, and months in care. This report will include children with a custody status of 01, Temporary Custody; 05, Agreement for Foster Care; and 06, Summary Removal excluding placement type 01, Own Home. This report is sorted by county and by worker with the children listed alphabetically. This report is available on ERD to State and Foster Care staff.

Suggestions for Use: This report can be used as a tracking tool for the supervisors to ensure that ASFA timeframes are being met by the workers.

TITLE: Statewide Children under four in Out of Home Placements > 12 months
Name of Report: PSCWZ405B -ERD

Intended Viewing Group: County Staff – Director; Supervisor
SDHR – Office of Foster Care/ Independent Living

Frequency: Generates 1st and 10th of every month

Description: This report compiles each counties data that lists by county the total number of children under four in care longer than twelve months in the population. This report is available on ERD to State and Foster Care staff.

Suggestions for Use: This report provides SDHR with statistical data regarding the total results per county of children under the age of four in foster care longer than twelve months.

TITLE: Caseworker Action Report
Name of Report: PSCWB425A - ERD

Intended Viewing Group: County Office - Supervisor, worker
Jefferson County
State Office - Family Services Division
Office of Adoption
Office of Resource Development and Management
Office of County Welfare Consultation

Frequency: Monthly

Description: This report is a tickler report designed to remind caseworkers of actions due in the worker's caseload. Includes type of action, the case name, identifier, and date action is due.

Suggestions for Use: Aid worker in scheduling monthly work plan. It will remind the worker of date and/or activities that are coming due or of pending actions. Worker ticklers are those activities within a case that the worker wants to be reminded of that are not otherwise included in routine ticklers. These may include doctor appointments, foster parent vacations, Medicaid eligibility determination, etc. When possible, the worker will receive a reminder at the first of the month proceeding the month the action is due.

TITLE: **Exception Report**
Name of Report: **PSCWB425-B - ACWIS**

Intended Viewing Group: County Office - County Worker
Supervisor
Director
Jefferson County (425)
State Office -   Family Services Division
Office of Adoptions
Office of Resource Development & Management

Frequency: Monthly

Description: This report alerts managers at regional and county levels to possible problem areas in the Foster Care and Adoptions service delivery system. Client name, Social Security Number, and date action was due are shown. Please see below under the report headings the alerts and exception areas generated by this report.

Suggestions for Use: This report is used to alert the worker, supervisor, director, and service specialist of **possible** problem areas in the caseload that needs attention.

TITLE: **IV-E/FCMP Payment Eligibility Re-Determination Past Due**
Name of Report: **PSCWB425-D - ERD**

Intended Viewing Group: County Office - County Worker
Supervisor
Director
State Office -   Family Services Division
Office of Child Welfare Eligibility
Frequency: Monthly
Description: This report contains a listing of IV-E/FCMP Payment Eligibility Re-determination Past Due for the prior month or for a prior period.
Suggestions for Use: This report is used to alert the worker, supervisor, and director that the review is past due and Form 2017 with attached documentation must be received prior to the end of the month to prevent suspension or to FCMP/IV-E.

TITLE: **Action/Exception/Alert Statistics Report for Counties**
Name of Report: **PSCWZ426A & 426B -ERD**

Intended Viewing Group: County Staff – Director; Supervisor & Caseworker
SDHR – Office of Foster Care/ Independent Living
Frequency: Monthly
Description: This report provides a summary list of actions and exceptions regarding Medicaid/payment eligibility, permanency issues, administrative/judicial review hearings, adoption tracking, and resource development issues. It also provides alerts to the county regarding children under the age of six with a plan of long term foster care; and children who have had five or more placements in twelve months. It provides an alert for referrals pending over 60 days as well as children in visiting resources longer than 30 days. Alerts are provided for children who have a permanent plan of adoption who have not had a placement identified for them longer than six months as well as children in their own related home placement longer than six months. It provides an alert when a foster home exceeds its capacity, and when a provisional approval of a foster family home has expired. Also, it provides the worker with an alert to update a child's T number to the social security number.
Suggestions for Use: This report is used to alert the worker, supervisor, director, and service specialist of possible problem areas in the caseload that needs attention. The worker can use this report to assist with daily scheduling of assigned tasks and responsibilities.

TITLE: Action Report of Administrative/ Judicial Reviews and Permanency Hearings
Name of Report: PSCWZ427A-ERD

Intended Viewing Group:	County Staff – Director; Supervisor
	SDHR – Office of Foster Care/ Independent Living
Frequency:	Monthly
Description:	This report lists the exception reports for Administrative/Judicial review information that is overdue. The report contains information regarding the child's name, social security number, case number, due date, and action due.
Suggestions for Use:	This report is used to alert the worker, supervisor, director, and service specialist of **possible** problem areas in the caseload that needs attention.

TITLE: Summary of Non-Finalized Adoptions by Adoption Type
NUMBER: PSCWB 431A - ACWIS

Intended Viewing Group:	State Office –Family Services Division
	Office of Data Management Support
	Office of Adoptions
Frequency:	Monthly
Description:	This is a count of all pending adoptions by adoption type for each county. Totals are also given for each county and each adoption type as well as a statewide total. The information contained in the report includes the county name, and specified adoption types, independent (01) or related (02), DHR child/DHR Resource (04); Other Agency Child (05); DHR Child/Non DHR Resource (06) and Relinquishments (08).
Suggestions for Use:	This statistical report is used to provide data to the State Office on the number of pending adoptions.

TITLE: Pending Adoptions – Non-DHR Children
NUMBER: PSCWB 432A & 432 B - ACWIS

Intended Viewing Group: County Office Staff – Director
SDHR – Office of Adoptions
Jefferson County (432B)

Frequency: Monthly

Description: This is a listing of children open on adoption tracking with Adoption Types 01 (Independent), 02 (Related), and 05 (DHR/Private Agency). The report will be produced by county and by worker with the listing being given by placement dates in chronological order. The information contained in the report is the child's name, social security number or T number, case number, adoption type and placement date.

Suggestions for Use: This report is to be used in conjunction with report PSCWB 065A in order to provide a comprehensive listing of children in all pending adoption types.

TITLE: Action Report of Payment and Medicaid Eligibility Redetermination
Name of Report: PSCWB 434A - ACWIS

Intended Viewing Group: State Office – Family Services Division

Frequency: Monthly

Description: This is a listing by county of the children in foster care for whom a payment eligibility or Medicaid eligibility Re-determination is due. The information contained in the report includes the child's name, social security number, case number, due date, re-determination of payment and Medicaid eligibility.

Suggestions for Use: This report is used by the State Office – IV-E Eligibility Unit to monitor submission by counties of information in order for the unit to complete FCMP eligibility redeterminations.

TITLE: Children Who Entered Care During _____, 20_____
Name of Report: PSCWB 437A & 437B - ACWIS

Intended Viewing Group: State Office –Family Services Division
                                Jefferson County (437B)
Frequency: Monthly
Description: This is a listing of all children who entered or re-entered foster care during the month. Information contained in the report is the child's name, social security number, case number, date of placement, and custody status.
Suggestions for Use: This report provides the State Office – IV-E Eligibility Unit with a current listing of children who entered foster care during the month. It will assist the unit in monitoring submission by counties of information necessary for the unit to make initial FCMP eligibility determinations.

TITLE: Mailing Labels for Approved Adoptive Resources
Name of Report: PSCWZ438A -ACWIS

Intended Viewing Group: Office of Adoptions, SDHR
Frequency: Monthly
Description: This report creates mail out labels for adoptive parents approved by the Department of Human Resources.
Suggestions for Use: System generated address labels for approved adoptive resources used to aid in mass mail outs regarding waiting children.

TITLE: ACWIS County Summary
Name of Report: PSCWZ442A & 442B - ERD

Intended Viewing Group: County Director, Supervisor & Worker
                                Jefferson County (442B)
                                SDHR – Family and Children Services
                                Office of County Welfare Consultation
Frequency: Monthly
Description: This report lists the number of actions/alerts/exceptions that are due/overdue on foster care cases.
Suggestions for Use: This report is used to alert the worker, supervisor, director, and service specialist of **possible** problem areas in the caseload that needs attention.

TITLE: Registered ACWIS User
Name of Report: PSCWZ445A -ACWIS

Intended Viewing Group: County – Director & Supervisor
                           SDHR; Office of Child Protective Services; Revenue Maximization; TCM
Frequency: Monthly
Description: This report lists all people that are registered to utilize the Alabama Child Welfare Information System (ACWIS). The report includes the workers name, social security number, and supervisor, start date, ACWIS/CAN/FSS level and TCM certification date.
Suggestions for Use: This report is used to maintain an active list of ACWIS users to prevent unauthorized users access to the system.

TITLE: Worker Case Load Report
Name of Report: PSCWZ455A & 455B & 455D -ACWIS

Intended Viewing Group: County Directors & Supervisors
                           Jefferson County (455B)
                           SDHR – Office of Adoptions (455D)
Frequency: Quarterly
Description: This report lists the number of cases by worker.
Suggestions for Use: This report can be used as a management tool by supervisors to monitor the worker's caseload. Directors may also be able to utilize the report to determine staff allocations based on worker caseload size.

TITLE: **County Quarterly Permanency Achievement Report**
Name of Report: **PSCWZ460A--ERD**

Intended Viewing Group: County Office – Director, Supervisor and Worker
                                 SDHR Family Services Division
Frequency: Quarterly
Description: This report will identify children discharged from foster care with permanency being achieved. This report identifies the children discharged from Out of Home care by all permanency goals, by county and foster care worker. Included in the report is county name, child name, date the child entered foster care, permanent plan, discharge date, discharge reason, and length of time in care. The report is available on ERD to state and counties foster care staff.
Suggestions for Use: This report can be utilized to provide county and state staff with statistical data regarding how permanency is being achieved for children in foster care. This report will identify children's permanency achievement totals by county by assessing the total number of children discharged for the quarter, average duration of time in care for each permanent plan type, and overall average duration of time in care for all permanent plan types.

TITLE: **Statewide Quarterly Permanency Achievement Report**
Name of Report: **PSCWZ461A--ERD**

Intended Viewing Group: County Director
                                 SDHR – Office of Foster Care
                                 Office of Adoptions
Frequency: Quarterly
Description: This report provides a statewide quarterly summary of children discharged from Out of Home Care by eight permanency goals. The report is available on ERD to county and state foster care staff.
Suggestions for Use: This report provides statistical data regarding discharge and permanency goals to SDHR staff.

TITLE: **Annual Permanency Achievement Summary**
Name of Report: **PSCWZ462A--ERD**

Intended Viewing Group: County Directors, Supervisors
Office of Foster Care / Independent Living
Frequency: Annual
Description: This report provides a statewide annual summary of children discharged from out of home care by eight permanency goals. The report is available on ERD to state and counties foster care staff.
Suggestions for Use: County Directors and Supervisors can utilize the report to determine how the workers are establishing permanency for children in foster care by providing statistical data by quarter of the number of children who were discharged, the discharge plan and the child's average length of stay in foster care.

TITLE: **In-Person Contact Exception Report**
Name of Report: **PSCWZ463A--ERD**

Intended Viewing Group: County Staff – Director; Supervisor; Worker
SDHR – Family Services Division
Frequency: Generated the 1st and 10th of the month
Description: This report identifies children in out of home care by county and foster care worker who did not have a monthly contact with parent/relative/worker. The detailed information listed on the report includes the worker's name, supervisor, caseworker, child's name, case number, social security number, admission date in out of home care, current placement, permanent plan, custody status, exceptions and due date. The report is available on ERD to state and county staff with foster care responsibilities.
Suggestions for Use: This report is used to alert the worker, supervisor, director, and service specialist of possible problem areas in the caseload that needs attention.

TITLE: **In-Person Contact Exception Report State Summary**
Name of Report: **PSCWZ463B--ERD**

Intended Viewing Group: Office of Adoptions, SDHR
                        Office of Foster Care & Protective Services - SDHR
                        Office of County Welfare Consultation
Frequency: Generated the 1st and 10th of the month
Description: The report is a monthly statewide summary that identifies by county the total number of children with exceptions and the total number of exceptions. The report is available on ERD for state and county foster care staff.
Suggestions for Use: This report is used to alert the worker, supervisor, director, and service specialist of <u>possible</u> problem areas in the caseload that needs attention.

TITLE: **Children open on Child Data**
Name of Report: **PSCWB487A & 487B--ERD**

Intended Viewing Group: County Directors & Supervisors
                        SDHR – Office of Foster Care
                        Office of IV-E Eligibility
                        Jefferson County (487B)
Frequency: Monthly
Description: This report lists by county the number of children that are open to foster care. It includes the child name, social security number, Medicaid eligibility, category determinations and re-determinations, Medicaid number, payment eligibility category with a begin and end date, custody status and placement type.
Suggestions for Use: This report can be used by County Directors to track all children currently listed as an open child case that is receiving foster care services.

TITLE: Predicted Payments
Name of Report: PSCWB515A--ERD

Intended Viewing Group: County Staff
                              Office of Finance - SDHR
Frequency: Monthly
Description: This report lists the predicted payment amounts by county for monthly foster care board payments. It provides a breakdown in allocation of funds related to regular board payment amount, level 1 payment, level 2 payment and shows the total payment amount to be awarded to a foster parent. Information included in the report is the child's case number, name and social security number. Also it lists the providers' name and address, payment begins and end date and total payment generated.
Suggestions for Use: This report would provide counties with an anticipated projected payment amount for foster parents currently providing out of home care to children.   It would allow the workers to review the anticipated payment amount and make adjustments in accordance to child moves.

TITLE: Payments not approved
Name of Report: PSCWZ517A--ERD

Intended Viewing Group: IV-E; Revenue Maximization
Frequency: Monthly
Description: This report lists by county the foster care board payments not approved.
Suggestions for Use: This report is used by SDHR and generates a list of providers who did not receive monthly board payments due to unspecified reasons.

TITLE: DYS Medicaid Eligible Children Report
Name of Report: PSCWZ801A--ACWIS

Intended Viewing Group: SDHR
Office of IV-E and Office of Revenue Maximization

Frequency: Monthly

Description: This report lists the children who are eligible for Medicaid that are in DYS placements. The information included in the report is the child name, social security number, date of birth, sex, ethnicity, and determination date.

Suggestions for Use: This report provides SDHR staff with statistical data and demographics for DYS Medicaid Eligible children.

TITLE: DYS Children Terminated from ACFC Medicaid Report
Name of Report: PSCWZ802A--ACWIS

Intended Viewing Group: SDHR
Office of IV-E and Office of Revenue Maximization

Frequency: Annual

Description: This report lists those children in DYS placements whose Medicaid has been terminated. The information contained in the report includes name, social security number, date of birth, sex, ethnicity and termination date.

Suggestions for Use: This report provides statistical data to SDHR regarding the number of DYS children terminated from ACFC Medicaid payment category.

ACWIS CODE LIST APPENDIX

ETHNICITY CODES AND VALUES SHEET
(Codes Effective 10-01-99)

AS	**Asian**
AI	**American Indian**
I0	American Indian, Asian
I1	American Indian, Black
I2	American Indian, Hispanic
I3	American Indian, Pacific Islander
I4	American Indian, White
I5	American Indian, Asian, Black
I6	American Indian, Asian, Hispanic
I7	American Indian, Asian, Pacific Islander
I8	American Indian, Asian, White
I9	American Indian, Asian, Black, Hispanic
IA	American Indian, Asian, Black, Hispanic, Pacific Islander
IB	American Indian, Asian, Black, Hispanic, Pacific Islander, White
IC	American Indian, Asian, Black, Hispanic, White
ID	American Indian, Asian, Black, Pacific Islander
IE	American Indian, Asian, Black, Pacific Islander, White
IF	American Indian, Asian, Black, White
IG	American Indian, Asian, Hispanic, Pacific Islander
IH	American Indian, Asian, Hispanic, Pacific Islander, White
II	American Indian, Asian, Hispanic, White
IJ	American Indian, Black, Hispanic
IK	American Indian, Black, Hispanic, Pacific Islander
IL	American Indian, Black, Hispanic, Pacific Islander, White
IM	American Indian, Black, Hispanic, White
IN	American Indian, Black, Pacific Islander
IO	American Indian, Black, Pacific Islander, White
IP	American Indian, Black, White
IQ	American Indian, Hispanic, Pacific Islander
IR	American Indian, Hispanic, White
IS	American Indian, Hispanic, Pacific Islander, White
IT	American Indian, Pacific Islander
IU	American Indian, Pacific Islander, White
IV	American Indian, White
AO	Asian, Black
A1	Asian, Black, Hispanic
A2	Asian, Black, Hispanic, Pacific Islander
A3	Asian, Black, Hispanic, Pacific Islander, White
A4	Asian, Hispanic
A5	Asian, Hispanic, Pacific Islander
A6	Asian, Hispanic, Pacific Islander, White
A7	Asian, Pacific Islander

ETHNICITY CODES "CONT'D"

A8	Asian, Pacific Islander, White
A9	Asian, White
BH	Black, Hispanic
BL	**Black**
BP	Black, Pacific Islander
BW	Black, White
B0	Black, Hispanic, Pacific Islander
B1	Black, Hispanic, White
B2	Black, Hispanic, Pacific Islander, White
B3	Black, Pacific Islander, White
HI	**Hispanic**
HP	Hispanic, Pacific Islander
H1	Hispanic, Pacific Islander, White
HW	Hispanic, White
PI	Pacific Islander
PW	Pacific Islander, White
WH	White
UN	Unable to determine, unknown
NP	No Preference

COUNTY CODES

01 - AUTAUGA	23 – DALE	45 - MADISON
02 - BALDWIN	24 – DALLAS	46 - MARENGO
03 - BARBOUR	25 – DEKALB	47 - MARION
04 - BIBB	26 – ELMORE	48 - MARSHALL
05 - BLOUNT	27 – ESCAMBIA	49 - MOBILE
06 - BULLOCK	28 – ETOWAH	50 - MONROE
07 - BUTLER	29 – FAYETTE	51 - MONTGOMERY
08 - CALHOUN	30 – FRANKLIN	52 - MORGAN
09 - CHAMBERS	31 – GENEVA	53 - PERRY
10 - CHEROKEE	32 – GREENE	54 - PICKENS
11 - CHILTON	33 – HALE	55 - PIKE
12 - CHOCTAW	34 – HENRY	56 - RANDOLPH
13 - CLARKE	35 – HOUSTON	57 - RUSSELL
14 - CLAY	36 – JACKSON	58 - ST. CLAIR
15 - CLEBURNE	37 – JEFFERSON	59 - SHELBY
16 - COFFEE	38 – LAMAR	60 - SUMTER
17 - COLBERT	39 – LAUDERDALE	61 - TALLADEGA
18 - CONECUH	40 – LAWRENCE	62 - TALLAPOSSA
19 - COOSA	41 – LEE	63 - TUSCALOOSA
20 - COVINGTON	42 – LIMESTONE	64 - WALKER
21 - CRENSHAW	43 – LOWNDES	65 - WASHINGTON
22 - CULLMAN	44 – MACON	66 - WILCOX
		67 - WINSTON

STATE OFFICE CODES:

70	OFFICE OF ADOPTION
71	OFFICE OF RESOURCE DEVELOPMENT AND MANAGEMENT
72	OFFICE OF PROTECTIVE SERVICES/ADMINISTRATIVE RECORD REVIEW/FAMILY PRESERVATION/FAMILY SUPPORT
73	OFFICE OF FOSTER CARE
74	OFFICE OF CHILD WELFARE ELIGIBILITY
75	DIVISION OF FAMILY SERVICES
76	OFFICE OF CHILD WELFARE CONSULTATION
77	OFFICE OF CONTRACTS, GRANTS & FEDERAL CLAIMING
78	STATE OFFICE FILE ROOM

CHILD DATA ACWIS CODES AND VALUES

RESTRICTION INDICATOR
Y   YES
N   NO

SEX
M   MALE
F   FEMALE
U   UNKNOWN

ETHNICITY
WH   WHITE
BL   BLACK
AI   AMERICAN INDIAN
HI   HISPANIC
 (Refer to Race Sheet for more specific codes)

SPECIAL NEEDS
01   DIAGNOSED MENTAL RETARDATION – MILD
02   DIAGNOSED MENTAL RETARDATION – MODERATE
03   DIAGNOSED MENTAL RETARDATION – SEVERE
04   DIAGNOSED MENTAL RETARDATION – PROFOUND
05   DIAGNOSED EMOTIONALLY DISTURBED
06   PHYSICALLY HANDICAPPED
07   BEHAVIORAL PROBLEMS – ADJUDICATED CHINS
08   BEHAVIORAL PROBLEMS – ADJUDICATED DELINQUENT
09   BEHAVIORAL PROBLEMS – NOT ADJUDICATED
10   BEHAVIORAL PROBLEMS – OTHER
11   UNFAMILIAR WITH AMERICAN CULTURE OR LANGUAGE
12   SIBLING GROUP (OVER 3)
13   BLIND OR VISUALLY IMPAIRED
14   DEAF OR HEARING IMPAIRED
15   OTHER MEDICALLY DIAGNOSED CONDITION REQUIRING SPECIAL CARE
16   CLINICAL ASSESSMENT DETERMINED NO DISABILITIES
17   CLINICAL ASSESSMENT HAS NOT BEEN CONDUCTED
18   (SED) SEVERELY EMOTIONALLY DISTURBED
19   NEEDS SPECIAL EDUCATION SERVICES
20   RECEIVING SPECIAL EDUCATION SERVICES
21   READING BELOW GRADE LEVEL
22   IN NEED OF THERAPEUTIC FOSTER HOME
23   POST SECONDARY EDUCATION
24   MEDICALLY FRAGILE CARE
25   HIGH RISK BACKGROUND

ADMISSION REASON

01   REQUEST OF PARENT
02   ALLEGED PHYSICAL ABUSE
03   ALLEGED NEGLECT
04   ADOPTION DISRUPTION
05   RELINQUISHMENT
06   ALLEGED SEXUAL ABUSE
07   ALLEGED EMOTIONAL ABUSE
08   ALCOHOL ABUSE PARENT/CARETAKER
09   ALCOHOL ABUSE CHILD
10   DRUG ABUSE PARENT/CARETAKER
11   DRUG ABUSE CHILD
12   CHILD'S DISABILITY
13   CHILD'S BEHAVIOR PROBLEM

14	DEATH OF PARENTS/CARETAKER
15	INCARCERATION OF PARENT(S)/CARETAKER(S)
16	PARENT(S)/CARETAKER(S) INABILITY TO COPE DUE TO ILLNESS OR OTHER REASONS
17	ABANDONMENT
18	INADEQUATE HOUSING
19	SAFE HAVEN FOR NEWBORNS

MEDICAID CATEGORY

ACFC	STATE FUNDED FOSTER CARE MEDICAID
IV-E	FEDERALLY FUNDED FOSTER CARE MEDICAID
TERM	TERMINATED FROM ACFC OR IV-E FOSTER CARE MEDICAID

INCOME SOURCE

01	VA
02	RSDI
03	BLACK LUNG
04	RAILROAD RETIREMENT
05	SSI
06	COURT ORDERED CHILD SUPPORT
07	VOLUNTARY CHLD SUPPORT
08	EARNED INCOME
77	OTHER
99	NONE

PLACEMENT TYPE

01	OWN HOME
02	RELATED HOME
03	FOSTER FAMILY BOARDING HOME
04	FOSTER FAMILY FREE HOME
05	FOSTER FAMILY RELATED HOME
06	GROUP HOME
07	GROUP HOME/SHELTER
08	CHILD CARE INSTITUTION
09	CHILD CARE INSTITUTION/SHELTER
10	DYS OPERATED OR LICENSED FACILITY
11	MH OPERATED OR LICENSED FACILITY
12	MATERNITY HOME
13	NURSING HOME
15	RUNAWAY STATUS
16	OUT OF STATE RESIDENTIAL TREATMENT FACILITY
17	HOSPITAL
18	SCHOOL/FOSTER HOME
21	INDEPENDENT LIVING
22	THERAPEUTIC FOSTER FAMILY HOME
23	UNRELATED HOME (COURT ORDERED)
24	PSYCHIATRIC HOSPITAL
25	TRANSITIONAL LIVING (added effective 08-01-03)
77	OTHER (Non traditional only -jail, etc.)
99	DISCHARGE

REGULAR BOARD

| Y | YES |
| N | NO |

ICPC PLACEMENT INDICATOR

| Y | YES |
| N | NO |

CHANGE REASON
01   RETURN TO PARENTS
02   PLACED WITH RELATIVES
03   ADOPTIVE PLACEMENT (PERMANENT CUSTODY)
04   EMANCIPATION
05   DEATH
06   RUNAWAY
07   CUSTODY PLACED WITH ANOTHER AGENCY/AGENT
08*   PROVIDER REQUESTS REMOVAL
09   ADULT CUSTODIAL CARE
10*   CASEWORK DECISION
11*   PROVIDER CLOSED
12   ANOTHER AGENCY'S/AGENT'S CHILD REMOVED
13*   CHANGE IN PLACEMENT TYPE – NO MOVEMENT
14   ADOPTIVE PLACEMENT (RELINQUISHMENT)
77*   OTHER
*NOT TO BE USED AS REASON FOR DISCHARGE.

PRIOR CARETAKER
B   BOTH PARENTS
M   MOTHER
F   FATHER
O   OTHER RELATIVE
U   UNRELATED
N   NONE

CUSTODY STATUS
01   TEMPORARY – COUNTY
02   PERMANENT – STATE
04   RELIEVED OF CUSTODY/RESPONSIBILITY
05   AGREEMENT FOR FOSTER CARE
06   SUMMARY REMOVAL
07   CUSTODY OF ANOTHER AGENCY/AGENT

PERMANENT PLAN
01   RETURN- TO PARENTS
02   PERMANENT RELATIVE PLACEMENT WITH TRANSFER OF CUSTODY TO RELATIVE (effective 08-01-03)
03   ADOPTION WITH NO IDENTIFIED RESOURCE (effective 08-01-2003)
04   LONG TERM FOSTER CARE (disabled 8/01/03)
05   ADULT CUSTODIAL CARE
06   ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT, COURT APPROVED (effective 08-01-03)
07   ADOPTION BY CURRENT FOSTER PARENT (effective 08-01-03)
08   PERMANENT RELATIVE PLACEMENT WITH DHR RETAINING CUSTODY (effective 08-01-03)

CONCURRENT PLAN

01   RETURN TO PARENT
02   PERMANENT RELATIVE PLACEMENT WITH TRANSFER OF CUSTODY TO THE RELATIVE
03   ADOPTION WITH NO IDENTIFIED RESOURCE
05   ADULT CUSTODIAL CARE
06   ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT, COURT APPROVED
07   ADOPTION BY CURRENT FOSTER PARENT
08   PERMANENT RELATIVE PLACEMENT WITH DHR RETAINING CUSTODY

COMPELLING REASONS
Y   YES
N   NO

ADOPTION TRACKING CODES AND VALUES

ADOPTION TYPE
01   INDEPENDENT
02   RELATED
04   DHR
05   DHR/PRIVATE AGENCY
06   NON DHR RESOURCE
08   RELINQUISHMENT

RELATION OF PETITIONER TO CHILD
NR   NOT RELATED
SP   STEP PARENT
GP   GRANDPARENT
FP   FOSTER PARENT
OT   OTHER RELATIVE

FOREIGN BORN
Y   YES
N   NO

SEX
M   MALE
F   FEMALE
U   UNKNOWN

ETHNICITY
WH   WHITE
BL   BLACK
AI   AMERICAN INDIAN
HI   HISPANIC
UN   UNKNOWN

ICPC PLACEMENT
Y   YES
N   NO

ADOPTION SUBSIDY INDICATOR
F   FEDERAL
S   STATE
N   NONE

PRE-PLACEMENT INVESTIGATION WAIVED
Y   YES
N   NO

PROVIDER DATA CODES AND VALUES

SPECIAL NEEDS
01   DIAGNOSED MENTAL RETARDATION – MILD
02   DIAGNOSED MENTAL RETARDATION – MODERATE
03   DIAGNOSED MENTAL RETARDATION – SEVERE
04   DIAGNOSED MENTAL RETARDATION – PROFOUND
05   DIAGNOSED EMOTIONALLY DISTURBED
06   PHYSICALLY HANDICAPPED
07   PRONOUNCED BEHAVIORAL PROBLEMS – ADJUDICATED CHINS
08   PRONOUNCED BEHAVIORAL PROBLEMS – ADJUDICATED DELINQUENT
09   PRONOUNCED BEHAVIORAL PROBLEMS – NOT ADJUDICATED
10   PRONOUNCED BEHAVIORAL PROBLEMS – OTHER
11   UNFAMILIAR WITH AMERICAN CULTURE OR LANGUAGE
12   SIBLING GROUP (OVER 3)

PROVIDER TYPE
02   RELATED HOME
03   FOSTER FAMILY BOARDING HOME
04   FOSTER FAMILY FREE HOME
05   FOSTER FAMILY RELATED HOME
06   GROUP HOME
07   GROUP HOME/SHELTER
08   CHILD CARE INSTITUTION
09   CHILD CARE INSTITUTION/SHELTER
10   DYS OPERATED OR LICENSED FACILITY
11   MH OPERATED OR LICENSED FACILITY
12   MATERNITY HOME
13   NURSING HOME
16   OUT OF STATE RESIDENTIAL TREATMENT FACILITY
17   HOSPITAL
19   CHILD PLACING AGENCY
22   THERAPEUTIC FOSTER FAMILY HOME
23   UNRELATED HOME (COURT ORDERED)
24   PSYCHIATRIC HOSPITAL
25   TRANSITIONAL LIVING (added effective 08- 01-03)
77   OTHER

PROVIDER RATE
RB   BASIC/REGULAR BOARD

STATUS
INQ   INQUIRY
APP   APPLICANT
PRV   PROVISIONAL
APR   APPROVED
LIC   LICENSED
PER   PERMIT
LAA   LICENSED/APPROVED BY ANOTHER AGENCY
ANA   APPROVAL NOT APPLICABLE
CLS   CLOSED
INA   INACTIVE
TAP   TEMPORARY APPROVAL

ABI INDICATORS
Y   YES ABI REPORT ON FILE
N   NO ABI REPORT IS NOT ON FILE

FBI INDICATORS
Y   YES FBI REPORT ON FILE
N   NO FBI REPORT IS NOT ON FILE

REASON CLOSED
01   REQUEST OF PROVIDER
02   MOVED OUT OF COUNTY
03   DEATH OF PROVIDER
04   APPROVAL/LICENSE/PERMIT REVOKED
05   APPLICATION DISAPPROVED
06   INQUIRY/APPLICATION WITHDRAWN
07   APPROVAL/LICENSE/PERMIT BY ANOTHER AGENCY
08   PROVISIONAL APPROVAL/NO FINAL APPROVAL
77   OTHER

APPROVAL AUTHORITY
DYS   DEPARTMENT OF YOUTH SERVICES
DMH DEPARTMENT OF MENTAL HEALTH
DPH   DEPARTMENT OF PUBLIC HEALTH
ED   DEPARTMENT OF EDUCATION
OS   OTHER STATE
OTH   OTHER

GEOGRAPHIC AREA SERVED (Facility Use Only)
01   SAME COUNTY ONLY
02   IMMEDIATE SURROUNDING COUNTIES ONLY
03   CENTRAL ALABAMA
04   SOUTH ALABAMA
05   NORTH ALABAMA
06   STATE ONLY
07   NO RESTRICTIONS

MARITAL STATUS
MA   MARRIED
WI   WIDOWED
SE   SEPARATED
DI   DIVORCED
SI   SINGLE (NEVER MARRIED)
UN   UNKNOWN

ETHNICITY
WH   WHITE
BL   BLACK
AI   AMERICAN INDIAN
AP   ASIAN OR PACIFIC ISLANDER
HI   HISPANIC
UN   UNKNOWN

EMPLOYED
Y   YES
N   NO
U   UNKNOWN

TRAINING

01	MEDICALLY FRAGILE CARE
02	PARENTING ISSUES
03	CHILD CENTERED COMMUNITY PROGRAMS
04	CHILD DEVELOPMENT
05	CONFERENCES
06	DISCIPLINE
07	SEXUAL AND PHYSICAL ABUSE
77	OTHER

EDUCATION

01	NO FORMAL EDUCATION
02	6TH GRADE OR LESS
03	7TH GRADE TO 12TH GRADE
04	HIGH SCHOOL / GED
05	VOCATIONAL SCHOOL DIPL
06	SOME COLLEGE
07	COLLEGE GRADUATE
08	POST GRADUATE WORK
99	UNKNOWN

LEGAL PARENT CODES AND VALUES

ETHNICITY
WH   WHITE
BL   BLACK
AI   AMERICAN INDIAN
HI   HISPANIC
UN   UNKNOWN

MARITAL STATUS
MA   MARRIED
WI   WIDOWED
SE   SEPARATED
DI   DIVORCED
SI   SINGLE (NEVER MARRIED)
UN   UNKNOWN

EMPLOYED
Y   YES
N   NO
U   UNKNOWN

EDUCATION
01   NO FORMAL EDUCATION
02   6TH GRADE OR LESS
03   7TH GRADE TO 12TH GRADE
04   HIGH SCHOOL / GED
05   VOCATIONAL SCHOOL DIPL
06   SOME COLLEGE
07   COLLEGE GRADUATE
08   POST GRADUATE WORK
99   UNKNOWN

SOURCE OF INCOME
01   SALARY OR WAGES
02   SELF-EMPLOYED
03   PUBLIC ASSISTANCE
04   SSI
05   PENSIONS OR BENEFITS
77   OTHER
88   NONE
99   UNKNOWN

RESIDENCE
PI   PENAL INSTITUTION
OI   OTHER INSTITUTION
OS   OTHER STATE
OC   OTHER COUNTY
SC   SAME COUNTY
SH   SAME HOME
DE   DECEASED
UN   UNKNOWN
OT   OTHER

REFERRALS TO CHILD CARE INSTITUTIONS AND GROUP HOMES
CODES AND VALUES

MONTH
THIS IS A SYSTEM-GENERATED DATE

ETHNICITY
WH   WHITE
BL   BLACK
AI   AMERICAN INDIAN
HI   HISPANIC
UN   UNKNOWN

REFERRAL SOURCE
DHR   DEPARTMENT OF HUMAN RESOURCES
DYS   DEPARTMENT OF YOUTH SERVICES
FCS   FAMILY AND CHILDREN'S SERVICES (FOR SDHR USE ONLY)
LEO   LAW ENFORCEMENT OFFICIAL
OTH   OTHER

DISPOSITION
A   ACCEPTED
R   REJECTED
W   WITHDRAWN
C   CLOSED
P   PENDING

SEX
M   MALE
F   FEMALE
U   UNKNOWN

REFERRAL ONLY INDICATOR
Y   YES
N   NO

REFERRAL TYPE
V   VERBAL
W   WRITTEN
B   BOTH

DISPOSITION REASON
REJECTED
10   NO VACANCIES
11   NO VACANCIES IN AGE GROUP
12   NO VACANCIES FOR GIRLS
13   NO VACANCIES FOR BOYS
14   AGE
15   SEX
16   NOT IN REFERRAL AREA
17   ADJUDICATED DELINQUENT
18   UNABLE TO PROVIDE REASONABLE ACCOMMODATION FOR HANDICAPPING CONDITION, I.E., MENTAL RETARDATION, BEHAVIOR PROBLEMS, EMOTIONAL PROBLEMS, PHYSICAL PROBLEMS
19   NOT ACCEPTED BY SCHOOL SYSTEM
20   OTHER (SPECIFY)

WITHDRAWN
30   FOSTER HOME PLACEMENT
31   OTHER FACILITY PLACEMENT
32   RELATED HOME PLACEMENT
33   RETURNED/REMAIN OWN HOME
34   OTHER (SPECIFY)

PENDING
40   COMPLETION OF APPLICATION
41   VACANCY – CHILD PLACED ON WAITING LIST
42   DISPOSITION BY FACILITY
43 OTHER (SPECIFY)

PROSPECTIVE ADOPTIVE RESOURCE CODES AND VALUES

MARITAL STATUS
MA   MARRIED
WI   WIDOWED
SE   SEPARATED
DI   DIVORCED
SI   SINGLE (NEVER MARRIED)
UN   UNKNOWN

ETHNICITY
WH   WHITE
BL   BLACK
AI   AMERICAN INDIAN
AP   ASIAN OR PACIFIC ISLANDER
HI   HISPANIC
UN   UNKNOWN
NP   NO PREFERENCE

WITHDRAWN REASON
01   FINANCES INSUFFICIENT
02   MARITAL PROBLEMS
03   MEDICAL DATA INCONCLUSIVE
04   OBTAINED CHILD FROM OTHER SOURCE
05   PREGNANCY
77   OTHER

SPECIAL NEEDS
01   CHILD OVER 8 YEARS OLD
02   SIBLING GROUP (OVER 3)
03   MINORITY GROUP
04   MENTALLY RETARDED
05   EMOTIONAL PROBLEMS
06   PERMANENT PHYSICAL DISABILITY

RELIGION
CA   CATHOLIC
JE   JEWISH
PR   PROTESTANT
OT   OTHER
NO   NONE

RELIGION "cont'd"
UN   UNKNOWN

OUT OF STATE/COUNTRY AGENCY
Y   YES
N   NO

FOSTER PARENTS
Y   YES
N   NO

EDUCATION
01   NO FORMAL EDUCATION
02   6TH GRADE OR LESS
03   7TH TO 12TH GRADE
04   HIGH SCHOOL GRADUATE/GED
05   VOCATIONAL SCHOOL DIPLOMA
06   SOME COLLEGE
07   COLLEGE GRADUATE WORK
08   POST GRADUATE WORK
99   UNKNOWN

ACCEPTABLE BACKGROUND FACTORS
01   DRUG ABUSE
02   EMOTIONAL PROBLEMS
03   DIAGNOSED PSYCHOTIC
04   SLOW LEARNER
05   DIAGNOSED MENTALLY RETARDED
06   TUBERCULOSIS
07   DIABETES
08   CANCER
09   EPILEPSY
10   HEART DISEASE
11   SICKLE CELL TRAIT/DISEASE
12   INCEST
13   FOUNDLING
14   CRIMINAL RECORD

DATA ENTRY APPENDIX

APPENDIX A – SAMPLE/ EXAMPLE

09/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEMS   PSCWO405
08:42:22   MASTER MENU

_____ Print Menu

_____ Client Subsystem

_____ Provider Subsystem

_____ Family Service Subsystem

_____ Support Subsystem

_____ Child Abuse/ Neglect Central Registry

_____ Targeted Case Management Billing System

_____ Payment Subsystem

F1 – Sign Off

APPENDIX A1 – SAMPLE/ EXAMPLE

11/08/04   ALABAMA CHILD WELFARE INFORMATION SYSTEMS   PSCW0500
02:12:17   PAYMENT MENU

WORKER: 000000000   PROVIDER: 11111   CHILD SSN: 000000000
-

_____ Approval of Predicted Payments for Worker – Provider (PSCW0515)

_____ Add Payment for Provider – Child Placement (PSCW0510)

_____ Add Adjustment Payment for Provider – Child (PSCW0520)

_____ Print Add Payment Form (PSCW0310)

_____ Print Add Adjustment Payment Form (PSCW0311)

PF3 – RETURN TO PREVIOUS MENU

APPENDIX B - SAMPLE/ EXAMPLE

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0515
05:25:33   PREDICTED PAYMENTS APPROVAL   PAGE   01
                                                            MORE

PROVIDER: 00000 Woody Wood Pecker _____   WORKER: 000-00-0000
                    00 Sam Lane Park   _____   Bugs Bunny
                    County, Alabama 00000-0000

ACTION	CHILD SSN/NAME	PMT BGN	PMT END	REG BRD	LV1 AMT	LV2 AMT	TM AMT	TOT PMT	RESULT
___	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
___	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
___	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
___	_____	_____	_____	_____	____	____	____	_____	_____
___	_____	_____	_____	_____	____	____	____	_____	_____
___	_____	_____	_____	_____	____	____	____	_____	_____

PF3 – RETURN TO PREVIOUS MENU   PF5 – NEW PROVIDER PF7 – BACK   PF8 - FORWARD

APPENDIX B1 - SAMPLE/ EXAMPLE

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0515
05:25:33   PREDICTED PAYMENTS APPROVAL   PAGE   01
                                                                          MORE

PROVIDER: 00000 Woody Wood Pecker _____   WORKER: 000-00-0000
                  00 Sam Lane Park   _____   Bugs Bunny
                  County, Alabama 00000-0000

ACTION	CHILD SSN/NAME	PMT BGN	PMT END	REG BRD	LV1 AMT	LV2 AMT	TM AMT	TOT PMT	RESULT
P___	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
D__	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
___	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
__	_____	_____	_____	_____	____	____	____	_____	_____
__	_____	_____	_____	_____	____	____	____	_____	_____
__	_____	_____	_____	_____	____	____	____	_____	_____

PF3 – RETURN TO PREVIOUS MENU   PF5 – NEW PROVIDER PF7 – BACK   PF8 - FORWARD

APPENDIX B2 - SAMPLE/ EXAMPLE

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM PSCW0515
05:25:33   PREDICTED PAYMENTS APPROVAL   PAGE 01
                          MORE

VERIFY AND PRESS F2 TO PROCESS

PROVIDER: 00000 Woody Wood Pecker _____ WORKER: 000-00-0000
       00 Sam Lane Park _____   Bugs Bunny
       County, Alabama 00000-0000

ACTION	CHILD SSN/NAME	PMT BGN	PMT END	REG BRD	LV1 AMT	LV2 AMT	TM AMT	TOT PMT	RESULT
P	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
D	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
___	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
___	_____	_____	_____	_____	____	____	____	_____	_____
___	_____	_____	_____	_____	____	____	____	_____	_____
___	_____	_____	_____	_____	____	____	____	_____	_____

PF3 – RETURN TO PREVIOUS MENU PF5 – NEW PROVIDER PF7 – BACK PF8 - FORWARD

APPENDIX B3 - SAMPLE/ EXAMPLE

<pre>
10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0515
05:25:33   PREDICTED PAYMENTS APPROVAL   PAGE   01
                                                                      MORE
</pre>

PROVIDER: 00000 Woody Wood Pecker _____   WORKER: 000-00-0000
                  00 Sam Lane Park   _____   Bugs Bunny
                  County, Alabama 00000-0000

ACTION	CHILD SSN/NAME	PMT BGN	PMT END	REG BRD	LV1 AMT	LV2 AMT	TM AMT	TOT PMT	RESULT
P	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	**APPROVED**
D	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	**DELETED**
___	0000000	10/01/04	10/31/04	436.00	.00	.00	.00	436.00	
__	_____	_____	_____	_____	____	____	____	_____	_____
__	_____	_____	_____	_____	____	____	____	_____	_____
__	_____	_____	_____	_____	____	____	____	_____	_____

PF3 – RETURN TO PREVIOUS MENU   PF5 – NEW PROVIDER PF7 – BACK   PF8 - FORWARD

APPENDIX C – SAMPLE/ EXAMPLE

11/08/04   ALABAMA CHILD WELFARE INFORMATION SYSTEMS PSCW0500

02:12:17   PAYMENT MENU

WORKER: 000000000   PROVIDER: 3333   CHILD SSN: 000000000

   _____ Approval of Predicted Payments for Worker – Provider (PSCW0515)

   _____ Add Payment for Provider – Child Placement (PSCW0510)

   _____ Add Adjustment Payment for Provider – Child (PSCW0520)

   __X___ Print Add Payment Form (PSCW0310)

   _____ Print Add Adjustment Payment Form (PSCW0311)

PF3 – RETURN TO PREVIOUS MENU

APPENDIX C1- SAMPLE/ EXAMPLE

10/18/04   DEPARTMENT OF HUMAN RESOURCES   PSCW0310
10:05   ALABAMA CHILD WELFARE INFORMATION SYSTEMS
                                   ADD PAYMENT FORM

PROVIDER: 00000   SAM LIBBY   CHILD SSN: 000000000
MAIL TO: 7777 Grand Canyon   CHILD NAME: PETER RABBIT
                        COUNTY, ALABAMA 00000-0000

PAYMENT DATES:

BEGINNING: _____   ENDING: _____

REQUESTED BY: _____   APPROVED BY: _____

          DATE: _____   DATE: _____

REASON: _____

APPENDIX C2- SAMPLE/ EXAMPLE

10/18/04   DEPARTMENT OF HUMAN RESOURCES   PSCW0310
10:05   ALABAMA CHILD WELFARE INFORMATION SYSTEMS
                                        ADD PAYMENT FORM

PROVIDER: 00000   SAM LIBBY   CHILD SSN: 000000000
MAIL TO: 7777 Grand Canyon   CHILD NAME: PETER RABBIT
                        COUNTY, ALABAMA 00000-0000

PAYMENT DATES:

BEGINNING: 08/01/04   ENDING: 08/31/04

REQUESTED BY: S. LIBBY   APPROVED BY: J. DEAN

          DATE: 08/02/04   DATE: 08/04/04

REASON: Child's placement dates incorrect on predicted payment report, payment deleted from
predicted payment file and ACWIS updated with correct placement dates. Correct payment
amount is $436.00.

APPENDIX C3 – SAMPLE/ EXAMPLE

11/08/04   ALABAMA CHILD WELFARE INFORMATION SYSTEMS   PSCW0500
02:12:17   PAYMENT MENU

WORKER: 000000000   PROVIDER: 3333   CHILD SSN: 000000000

     _____   Approval of Predicted Payments for Worker – Provider (PSCW0515)

     <u>X</u>_____   Add Payment for Provider – Child Placement (PSCW0510)

     _____   Add Adjustment Payment for Provider – Child (PSCW0520)

     _____   Print Add Payment Form (PSCW0310)

     _____   Print Add Adjustment Payment Form (PSCW0311)

PF1 – RETURN TO PREVIOUS MENU

APPENDIX C4 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD PLACEMENT

```
10/15/04                ALABAMA CHILD WELFARE INFORMATION SYSTEM        PSCW0510
05:25:33                           ADD PAYMENT



PROVIDER:  00000  Woody Wood Pecker _____        CHILD SSN: 000-00-0000
                  00 Sam Lane Park      _____     CHILD NAME: Bugs Bunny
                  County, Alabama 00000-0000


PMT          PMT          REG        LV1   LV2  LV3  TM       TOT
BGN          END          BOARD      AMT   AMT  AMT  AMT      PYMT

___ ___ ___ ___ ___ ___   000        00    00   00   00       000




PF3 – RETURN TO PREVIOUS MENU      PF5 – CLEAR
```

APPENDIX C5 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD PLACEMENT

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0510
05:25:33   ADD PAYMENT

VERIFY AND PRESS PF2 TO PROCESS

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                   00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                   County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	LV3 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	436	00	00	00	00	436

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX C6 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD PLACEMENT

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0510
05:25:33   ADD PAYMENT

PAYMENT APPROVED AND ADDED

PROVIDER: 00000   Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                    00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                    County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	LV3 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	436	00	00	00	00	436

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX C7 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD PLACEMENT

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0320
05:25:33   ADD PAYMENT TAD

PROVIDER: 00000 Woody Wood Pecker   CHILD SSN: 000-00-0000
MAIL TO: 00 Sam Lane Park   CHILD NAME: Bugs Bunny
           County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	LV3 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	436	50	00	00	00	486

APPENDIX D – SAMPLE/ EXAMPLE

11/08/04   ALABAMA CHILD WELFARE INFORMATION SYSTEMS   PSCW0500
02:12:17   PAYMENT MENU

WORKER: 000000000   PROVIDER: 3333   CHILD SSN: 000000000

_____ Approval of Predicted Payments for Worker – Provider (PSCW0515)

_____ Add Payment for Provider – Child Placement (PSCW0510)

_____ Add Adjustment Payment for Provider – Child (PSCW0520)

_____ Print Add Payment Form (PSCW0310)

__X___ Print Add Adjustment Payment Form (PSCW0311)

PF3 – RETURN TO PREVIOUS MENU

APPENDIX D1- SAMPLE/ EXAMPLE

10/18/04   DEPARTMENT OF HUMAN RESOURCES   PSCW0311
10:05   ALABAMA CHILD WELFARE INFORMATION SYSTEMS
                   ADD ADJUSTMENT PAYMENT FORM

PROVIDER: 00000   SAM LIBBY   CHILD SSN: 000000000
MAIL TO: 7777 Grand Canyon   CHILD NAME: PETER RABBIT
                      COUNTY, ALABAMA 00000-0000

PAYMENT DATES:

BEGINNING: _____   ENDING: _____   BOARD PAYMENT: _____

LEVEL 1 AMOUNT: _____   LEVEL 2 AMOUNT: _____   TELEPHONE/MAIL: _____

TOTAL AMOUNT: _____

REQUESTED BY: _____   APPROVED BY: _____

       DATE: _____   DATE: _____

REASON:
_____

CORRECT PAYMENT: _____   DATE: _____

INCORRECT PAYMENT: _____

UNDER PAYMENT: _____

APPENDIX D2- SAMPLE/ EXAMPLE

10/18/04   DEPARTMENT OF HUMAN RESOURCES   PSCW0311
10:05   ALABAMA CHILD WELFARE INFORMATION SYSTEMS
                       ADD ADJUSTMENT PAYMENT FORM

PROVIDER: 00000   SAM LIBBY   CHILD SSN: 000000000
MAIL TO: 7777 Grand Canyon   CHILD NAME: PETER RABBIT
                    COUNTY, ALABAMA 00000-0000

PAYMENT DATES:

BEGINNING: 08/01/04   ENDING: 08/31/04   BOARD PAYMENT: 30

LEVEL 1 AMOUNT: _____   LEVEL 2 AMOUNT: _____ TELEPHONE/MAIL: _____

TOTAL AMOUNT: 30

REQUESTED BY: J. A. DEER   APPROVED BY: R. A. PINEAPPLE

         DATE: 09/02/04   DATE: 09/02/04

REASON: Child's birth date on January 2, 2001 was incorrect on ACWIS. Child's correct date of birth is January 2, 1991, ACWIS updated.

CORRECT PAYMENT: 464   DATE: 08/2004

INCORRECT PAYMENT: 434

UNDER PAYMENT: 30

APPENDIX D3 – SAMPLE/ EXAMPLE

11/08/04   ALABAMA CHILD WELFARE INFORMATION SYSTEMS   PSCW0500
02:12:17   PAYMENT MENU

WORKER: 000000000   PROVIDER: 3333   CHILD SSN: 000000000

_____   Approval of Predicted Payments for Worker – Provider (PSCW0515)

_____ Add Payment for Provider – Child Placement (PSCW0510)

  X   Add Adjustment Payment for Provider – Child (PSCW0520)

_____ Print Add Payment Form (PSCW0310)

_____ Print Add Adjustment Payment Form (PSCW0311)

PF1 – RETURN TO PREVIOUS MENU

APPENDIX D4 - SAMPLE/ EXAMPLE – PROVIDER / CHILD

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
         00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
         County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	LV3 AMT	TM AMT	TOT PYMT
___ ___ ___ ___ ___ ___		000	00	00	00	00	000

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX D5 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                   00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                   County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	LV3 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	030	00	00	00	00	030

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX D6 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

VERIFY AND PRESS PF2 TO UPDATE

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                  00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                  County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	LV3 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	030	00	00	00	00	030

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX D7 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

ADJUSTMENT APPROVED AND ADDED

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                  00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                  County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	LV3 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	030	00	00	00	00	030

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX D8 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT TAD

PROVIDER: 00000 Woody Wood Pecker   CHILD SSN: 000-00-0000
MAIL TO: 00 Sam Lane Park   CHILD NAME: Bugs Bunny
             County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	030	00	00	00	030

APPENDIX E – SAMPLE/ EXAMPLE

11/08/04   ALABAMA CHILD WELFARE INFORMATION SYSTEMS PSCW0500
02:12:17   PAYMENT MENU

WORKER: 000000000   PROVIDER: 3333   CHILD SSN: 000000000

  _____ Approval of Predicted Payments for Worker – Provider (PSCW0515)

  _____Add Payment for Provider – Child Placement (PSCW0510)

  _____ Add Adjustment Payment for Provider – Child (PSCW0520)

  _____ Print Add Payment Form (PSCW0310)

  __X___Print Add Adjustment Payment Form (PSCW0311)

PF1 – RETURN TO PREVIOUS MENU

APPENDIX E1- SAMPLE/ EXAMPLE

10/18/04   DEPARTMENT OF HUMAN RESOURCES   PSCW0311
10:05   ALABAMA CHILD WELFARE INFORMATION SYSTEMS
                    ADD ADJUSTMENT PAYMENT FORM

PROVIDER: 00000   SAM LIBBY   CHILD SSN: 000000000
MAIL TO: 7777 Grand Canyon   CHILD NAME: PETER RABBIT
                    COUNTY, ALABAMA 00000-0000

PAYMENT DATES:

BEGINNING: _____   ENDING: _____   BOARD PAYMENT: _____

LEVEL 1 AMOUNT: _____   LEVEL 2 AMOUNT: _____   TELEPHONE/MAIL: _____

TOTAL AMOUNT: _____

REQUESTED BY: _____   APPROVED BY: _____

        DATE: _____   DATE: _____

REASON:
_____

_____

_____

APPENDIX E2- SAMPLE/ EXAMPLE – RESPITE CARE

10/18/04   DEPARTMENT OF HUMAN RESOURCES   PSCW0311
10:05   ALABAMA CHILD WELFARE INFORMATION SYSTEMS
                        ADD ADJUSTMENT PAYMENT FORM

PROVIDER: 00000   SAM LIBBY   CHILD SSN: 000000000
MAIL TO: 7777 Grand Canyon   CHILD NAME: PETER RABBIT
                       COUNTY, ALABAMA 00000-0000

PAYMENT DATES:

BEGINNING: 08/01/04   ENDING: 08/15/04   BOARD PAYMENT: 119

LEVEL 1 AMOUNT: LEVEL 2 AMOUNT: TELEPHONE/MAIL:

TOTAL AMOUNT: 30

REQUESTED BY: J. A. DEER   APPROVED BY: R. A. PINEAPPLE

            DATE: 09/02/04   DATE: 09/02/04

REASON: Respite Care approved for #11705 for child. Above provider # 00000 provided respite care from 08/01/04 to 08/15/04. Partial payment of $119.00 due for 14 days.

APPENDIX E3 - SAMPLE/ EXAMPLE

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                   00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                   County, Alabama 00000-0000

PMT	PMT	REG	LV1	LV2	LV3	TM	TOT
BGN	END	BOARD	AMT	AMT	AMT	AMT	PYMT
___ ___ ___ ___ ___ ___		000	00	00	00	00	000

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX E4 - SAMPLE/ EXAMPLE

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                 00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                 County, Alabama 00000-0000

PMT	PMT	REG	LV1	LV2	TM	TOT
BGN	END	BOARD	AMT	AMT	AMT	PYMT
07/01/04	07/31/04	119	00	00	00	119

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX E5 - SAMPLE/ EXAMPLE – PROVIDER/ CHILD

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

VERIFY AND PRESS PF2 TO UPDATE

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                        00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                        County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	119	00	00	00	119

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX E6 - SAMPLE/ EXAMPLE

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0520
05:25:33   ADD ADJUSTMENT PAYMENT

ADJUSTMENT APPROVED AND ADDED

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
                  00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                  County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	119	00	00	00	119

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX E7 - SAMPLE/ EXAMPLE

10/15/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM   PSCW0321
05:25:33   ADD ADJUSTMENT TAD

PROVIDER: 00000 Woody Wood Pecker _____   CHILD SSN: 000-00-0000
MAIL TO: 00 Sam Lane Park   _____   CHILD NAME: Bugs Bunny
                 County, Alabama 00000-0000

PMT BGN	PMT END	REG BOARD	LV1 AMT	LV2 AMT	TM AMT	TOT PYMT
07/01/04	07/31/04	119	00	00	00	119

PF3 – RETURN TO PREVIOUS MENU   PF5 – CLEAR

APPENDIX F – SAMPLE / EXAMPLE

REPORT ID: PSCWB515A   STATE DEPARTMENT OF HUMAN RESOURCES
RUN DATE: 0915/04   ALABAMA CHILD WELFARE INFORMATION SYSTEM
        PREDICTED PAYMENTS   FREQUENCY: MONTHLY

COUNTY: 00 LAKE   SUPERVISOR: 000000000 BUGS BUNNY   WORKER: STEVIE WONDER WORKER: 00000000

PROVIDER NO /NAME: 0001   SARA BAKERY
        1212 GOOD ROAD
        County, Alabama 02222-0000

CASE #	CHILD SSN	CHILD NAME	PYMT BEGIN	PYMT END	REG BOARD	LV1 AMT	LV2 AMT	TM AMT	TOTAL PYMT
1345	000000000	Peter Rabbit	08/01/04	08/31/04	436.00	50.00			486.00

PROVIDER NO /NAME: 0001   PHIL BROTHER
        0000 TEDDY BEAR ROAD
        County, Alabama 02222-0000

CASE #	CHILD SSN	CHILD NAME	PYMT BEGIN	PYMT END	REG BOARD	LV1 AMT	LV2 AMT	TM AMT	TOTAL PYMT
1200	000000000	Henry Adam	08/01/04	08/31/04	464.00				464.00

APPENDIX G

ACWIS PAYMENT SUBSYSTEM SECURITY

	Security Level 10	Security Level 11	Security Level 12	Security Level 13
Payment Menu PSCWO311	X	X	X	X
Approval of Predicted Payment for Worker- Provider, PSCWO515	X	X	X	X
Print Add Payment Form, PSCWO310	X	X	X	N/A
Print Add Adjustment Payment Form, PSCWO311	X	X	X	N/A
Add Payment for Provider- Child Placement, PSCWO510	X	X	N/A	N/A
Add Adjustment Payment for Provider – Child Placement PSCWO520	X	X	N/A	N/A